

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20663

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1452

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves | | c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 15 Yrs | | STREET ADDRESS (If rural, give location) 325 Atlanta Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 325 Atlanta Ave. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) WARREN | b. (Middle) HARRISON | c. (Last) HANCOCK | 4. DATE OF DEATH (Month) (Day) (Year) 6-25-1955 |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3-25-1891 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY Painting | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon Indiana | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME James Hancock | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Ethel Hancock |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. 488-18-3785 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Hancock 325 Atlanta Ave. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inhaled carbon monoxide poisoning. Found lying on the front seat of his automobile, which was in the family garage with the doors and windows closed, and a garden hose running from the exhaust into a window of the car. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 9731 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webster Groves St. Louis Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/25/55 5:55P. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Carbon monoxide poisoning due to inhaling fumes from exhaust piped into car |
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22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 22a. SIGNATURE Arnold J. Hillmann, Coroner 3 | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 6/27/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-28-1955 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. 6/27/55 | REGISTRAR'S SIGNATURE Herbert B. Drake, D. Parker Aldrich | FUNERAL DIRECTOR'S SIGNATURE F. Home Webster Groves | ADDRESS Webster Groves Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Leslie Welch*

Licensed Embalmer No. *43*

P. O. Address *Webster St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.