

FILED NOV 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 38314

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9704

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY OR TOWN Lemay 4 969  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 718 Ruprecht

3. NAME OF DECEASED  
a. (First) Joseph R. Hanley, Jr.  
b. (Middle) \_\_\_\_\_  
c. (Last) \_\_\_\_\_

4. DATE OF DEATH Nov. 7, 1955

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 21, 1911

9. AGE (In years) 44

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor AP Groceries

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph R. Hanley Sr.

13b. MOTHER'S MAIDEN NAME Caroline Schoenherr

14. NAME OF HUSBAND OR WIFE Helen Hanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none

16. SOCIAL SECURITY NO. Unk

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Hanley 718 Ruprecht, Lemay, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) acc. cardiac dilatation  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) ac myocarditis  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
11. OTHER SIGNIFICANT CONDITIONS degenerative metabolic chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH  
2 hrs  
3 days  
several years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept 12, 1955 to Nov. 7, 1955, that I last saw the deceased alive on 11-7-, 1955, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE Green & Coles H.D. (Degree or title) \_\_\_\_\_

23b. ADDRESS 751 Poplar, St. Louis

23c. DATE SIGNED 11/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 11-9-55

24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. NOV 7 1955

REGISTRAR'S SIGNATURE Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.

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

Dr. E. Crecelius,  
752 Lemay Ferry Rd.,  
Fl. 3-2224

19 45 to 1 45

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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 *David Van Fossan*

Licensed Embalmer No. *420*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.