

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42139

State File No.

FILED JAN 17 1956

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11566**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		STREET ADDRESS (If rural, give location) 4019 North Market Ave.	
3. NAME OF DECEASED a. (First) Thomas (Type or Print)		b. (Middle) P. c. (Last) Hanley	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1955		5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 1883		9. AGE (In years last birthday) 72 10. UNDER 1 YEAR Months Days 11. UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (City and State or Foreign Country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Agnes Hanley		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. 498-10-4772		17. INFORMANT'S SIGNATURE OR NAME Agnes Hanley	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of second cervical vertebra, Arterio Sclerotic Heart Disease, suffered ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO fall in basement of home II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death on November 23 1955.		INTERVAL BETWEEN ONSET AND DEATH 19. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT (Specify) Accident		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		20d. HOW DID INJURY OCCUR? E904.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 23 55 ? m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
22. I hereby certify that I attended the deceased from 19P , to 6:00 , 19 55 , that I last saw the deceased alive on 12/31/55 , and that death occurred at 7:30P m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Sullivan		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/31/55		24a. BURIAL (CREMATION, REMOVAL (Specify)) Burial	
24b. DATE 1/3/1956		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's	
DATE REC'D BY LOCAL REG. DEC 31 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S ADDRESS 2849 No. Euclid Ave.		(Licensed Embalmer's Statement on Reverse Side)	

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

CITY HOSP

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 *Albert Mayfield*.....

Licensed Embalmer No. *307*.....

P. O. Address *St Louis*.....

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