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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

17964

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4318**

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. LENGTH OF STAY (in this place) \_\_\_\_\_  
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 **Mo. Baptist Hospital**  
e. STREET ADDRESS (If rural, give location) **13 5388a Southwest Ave. 2129**

3. NAME OF DECEASED (Type or Print)  
a. (First) **LAURA** b. (Middle) **M.** c. (Last) **HANNEKE** 4. DATE OF DEATH (Month) (Day) (Year) **May 1 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Aug. 7, 1881** 9. AGE (In years last birthday) **74** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **August H. Litzau** 13b. MOTHER'S MAIDEN NAME **Wilhelmina Kuhnert** 14. NAME OF HUSBAND/OR WIFE **Late John H. Hanneke**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give year or date of service) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Frank Hanneke** ADDRESS **9501 Manchester Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pulmonary Embolism** INTERVAL BETWEEN ONSET AND DEATH **1 day**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Arteriosclerotic heart disease with 2 mos**  
DUE TO (c) **Cardiac decompensation**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **4200** 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 **18 Apr 1956**, to **1 May 1956**, that I last saw the deceased alive on **1 May 1956**, and that death occurred at **8:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Richard Jones MD** 23b. ADDRESS **3720 Washington St. St. Louis (8) Mo.** 23c. DATE SIGNED **2 MAY 56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **May 4, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **MAY 2 1956** REGISTRAR'S SIGNATURE **J. C. Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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.....

*Edwin A. M. Gernatt*

Licensed Embalmer No. 302

P. O. Address.....

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.