

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28484
6560

FILED AUG 24 1956

State File No. 28484

Registrar's No. 6560

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>2 Years</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Of The Friendless</u>				e. STREET ADDRESS (If rural, give location) <u>4431 South Broadway</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>		b. (Middle) <u>K.</u>		c. (Last) <u>HANNEKEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July, 12, 1956.</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 17, 1878</u>			
9. AGE (In years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Illinois</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edwin George Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Tyler</u>			
13a. FATHER'S NAME <u>Edwin George Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Tyler</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Hanneken (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ellen Grant</u>		ADDRESS <u>4410 Neosho Street</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
				Gen'l Arteriosclerosis				<u>15 yrs</u>	
				DUE TO (b) <u>Gen'l Arteriosclerosis</u>				<u>1 yr</u>	
				Myocardial infarction				<u>12 hrs</u>	
				DUE TO (c) <u>Myocardial Infarction</u>				<u>420.1</u>	
				II. OTHER SIGNIFICANT CONDITIONS <u>Gastrointestinal hemorrhage</u>				<u>12 hrs</u>	
				Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastro-intestinal hemorrhage & cause unknown</u>				<u>12 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>June 55</u> , 19 <u>55</u> , to <u>July 12, 1956</u> , that I last saw the deceased alive on <u>July 5, 1956</u> and that death occurred at <u>2:58 pm.</u> , from the causes and on the date stated above <u>7-12-56</u>									
23a. SIGNATURE <u>John R. Shapleigh</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3720 Washington St. Louis</u>		23c. DATE SIGNED <u>7/12/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>JUL 13 1956</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Math. Hermann & Son Inc. 2161 E. Fair Ave.</u>			

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.....

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo

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.