

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32531

STATE FILE NUMBER

FILED OCT 10 1956

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2249

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Florida</b> b. COUNTY <b>Manatee Co.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNIVERSITY CITY</b>		c. CITY OR TOWN <b>Pompano Beach</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7187 Washington Ave.</b>		d. STREET ADDRESS <b>200 S. Riverside Dr.</b>	
Length of stay in lb <b>1 year.</b>		Reside on Form <b>709</b>	

3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>H.</b> Last <b>HANLON</b>			4. DATE OF DEATH <b>SEPT. 22 - 56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 29, 1889</b>		9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President Western Fire</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brick Company</b>		11. BIRTHPLACE (City and state or country) <b>Crafton, Pennsylvania</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>William W. Hanlon</b>		
14. MOTHER'S MAIDEN NAME <b>Isabel Hull</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Frances Purcell Hanlon 7187 Washing</b>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EMBOLISM</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS &amp; HEART DISEASE</b>		
DUE TO (c) <b>BENIGN PROSTATIC HYPERTROPHY</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>1 WEEK. POST OPERATIVE T.U.R.</b>		<b>610X</b>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Collapsed in Kitchen</b>	
20c. TIME OF INJURY Hour <b>6</b> a. m. <b>9-22-56</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20e. CITY, TOWN, OR LOCATION <b>UNIVERSITY CITY</b>		COUNTY <b>Mo.</b> STATE

21. I attended the deceased from <b>1959</b> to <b>present</b> and last saw him alive on <b>AUG 20 56</b> Death occurred at <b>6:15 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>G. E. Vitt</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>4161 LINDELL BLVD</b>	22c. DATE SIGNED <b>9-22-56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-24-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>C.R. Lupton and Sons 7233 Delmar Blv'</b>		25. DATE RECD. BY LOCAL REG. <b>9-22-56</b>	26. REGISTRAR'S SIGNATURE <b>Herbert A. Donahoe</b>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
 300  
 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Arnold W. Schoene*

Licensed Embalmer No. *38*

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.