

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT. 24 1956

State File No. 36459

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 531		Registrar's No. 2447	
<b>1. PLACE OF DEATH</b> a. COUNTY St. Louis				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7205 Forsyth				d. STREET ADDRESS (If rural, give location) 7205 Forsyth			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) RUTH		b. (Middle) MARIE		c. (Last) HANLEY	
						<b>4. DATE OF DEATH</b> (Month) (Day) (Year) October 16, 1956	
<b>5. SEX</b> Female		<b>6. COLOR OR RACE</b> White		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Single		<b>8. DATE OF BIRTH</b> July 24, 1905	
						<b>9. AGE</b> (In years last birthday) 51	
						<b>10. MONTHS</b> 2 <b>DAYS</b> 22 <b>HOURS</b> <b>MIN.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Teacher		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Teaching		<b>11. BIRTHPLACE</b> (State or foreign country) St. Louis, Missouri		<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.	
<b>13a. FATHER'S NAME</b> Edward John Hanley		<b>13b. MOTHER'S MAIDEN NAME</b> Lucy Sharkey		<b>14. NAME OF HUSBAND OR WIFE</b> None			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) No		<b>16. SOCIAL SECURITY NO.</b> 500-24-1938		<b>17. INFORMANT'S SIGNATURE OR NAME</b> Lucy Hanley, 7205 Forsyth			
				<b>ADDRESS</b>			
<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) Cerebral hemorrhage  <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Rheumatoid arthritis Conditions contributing to the death but not related to the disease or condition causing death.  <b>INTERVAL BETWEEN ONSET AND DEATH</b> acute  4 yrs.							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from March 1952, to Oct. 16, 1956, that I last saw the deceased alive on Oct. 5, 1956, and that death occurred at 9:00 P. m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> Thomas C. Madril		<b>(Degree or title)</b> M.D.		<b>23b. ADDRESS</b> 4660 Maryland		<b>23c. DATE SIGNED</b> 10/17/56	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> Removal		<b>24b. DATE</b> Oct. 19, 1956		<b>24c. NAME OF CEMETERY OR CREMATORY</b> Calvary Cemetery		<b>24d. LOCATION (City, town, or county) (State)</b> St. Louis, Missouri	
<b>DATE REC'D BY LOCAL REG.</b> 10-18-56		<b>REGISTRAR'S SIGNATURE</b> Herbert R. Somke		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> Ambruster Mortuary, 6633 Clayton Rd.			

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 24788

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 this body is not embalmed, **fact** should be so stated above.