

FILED MAY 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15535

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1090

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) D.O.A.	c. CITY OR TOWN ST. LOUIS		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 ST. LOUIS COUNTY Hosp D.O.A.			e. STREET ADDRESS (If rural, give location) 2403226 S. 13th ST.		
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) LARRY c. (Last) HANNEKEN			4. DATE OF DEATH (Month) (Day) (Year) APR. 25 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 11 1939	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USHER		10b. KIND OF BUSINESS OR INDUSTRY Loews THEATRE	11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U-S-A.
13a. FATHER'S NAME RICHARD HANNEKEN		13b. MOTHER'S MAIDEN NAME MILDRED HANNEKEN	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 496-38-4580	17. INFORMANT'S SIGNATURE OR NAME MILDRED FARMER		ADDRESS 3226 S. 13th	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries, shock and hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
*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) _____ DUE TO (c) _____		
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		20. AUTOPSY? 2		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 27	21c. (CITY, TOWN, OR TOWNSHIP) Rural (COUNTY) St. Louis (STATE) Mo.	21f. HOW DID INJURY OCCUR? Driver lost control of car in which he was a passenger, the car turned over and he was thrown out and into a ditch		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (approx.) Apr. 25, 1957 4:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Driver lost control of car in which he was a passenger, the car turned over and he was thrown out and into a ditch			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Raymond H. Harris Coroner			23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 4/29/57
24a. BURIAL, CREMATION, OR REMOVAL (Specify) REBURIAL	24b. DATE APR. 29 1957	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		
DATE REC'D BY LOCAL REG. 4-26-57	REGISTRAR'S SIGNATURE Herbert R. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rutes 2906 Leavis			

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. 3989
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.