

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37514

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar **9428**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis			c. CITY OR TOWN Northwoods		b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital			d. STREET ADDRESS 6617 Barr		Length of stay in lb 1 day
3. NAME OF DECEASED (Type or print) First CORNELIA Middle SOPHIA Last HANKE			4. DATE OF DEATH Month October Day 8 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 2, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 63 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Hopewell, Missouri	
13. FATHER'S NAME Samuel Hackman			14. MOTHER'S MAIDEN NAME Pauline Hackman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Dorothy Hahn, Mehlville, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Thrombosis DUE TO (c) General arteriosclerosis Rheumatic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma of left breast					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour 1:00 Month Sept Day 9 Year 1957 a. m. P. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Sept 9, 1957 to Oct 8, 1957 and last saw her live on Oct 8, 1957 Death occurred at 1:00 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Julius Elton M.D.			22b. ADDRESS 607 N. Grand		22c. DATE SIGNED Oct 9, 1957
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE Oct 10, 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave		25. DATE RECD. BY LOCAL REG. OCT 9 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John J. Haines
Licensed Embalmer No. 410

P. O. Address Shrewsbury

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.