

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007299
STATE FILE NUMBER
1662

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1662

300
-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01 15 Hortense Pl.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1295 15 Hortense Pl.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Christopher Hannaway</u>			4. DATE OF DEATH Month Day Year <u>Feb. 11 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 24, 1891</u>		9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive V.P. of T.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J. Moss Tie Co</u>		11. BIRTHPLACE (City and state or country) <u>London, Ontario, Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George A. Hannaway</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Stanley Hannaway</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>493-09-1146</u>	17. INFORMANT Address <u>Maud S. Hannaway 15 Hortense Pl.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>1621.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 1957</u> to <u>2/11/58</u> and last saw him alive on <u>2/11/58</u> Death occurred at <u>2:25 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (D, M.D., or title) <u>Charles T. Duden M.D.</u>			22b. ADDRESS <u>3720 Washington Ave</u>		22c. DATE SIGNED <u>2.12.58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		23b. DATE <u>2/13/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri.</u>
24. FUNERAL DIRECTOR ADDRESS <u>C.R. Luptona and Sons 7233 Delmar</u>			25. DATE RECD. BY LOCAL REG. <u>FEB 13 '58</u>	26. REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms or signs of disease in Part 1 must be causally related.

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. *3864*
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.