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S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-011189

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. ST. JOSEPHS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): HI-POINTE ACRES, R.R. #1, 10920

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): H.
c. (Last): HANNEKEN

4. DATE OF DEATH (Month) (Day) (Year): MAR. 13 1958

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: NOV. 5, 1923
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASSEMBLER
10b. KIND OF BUSINESS OR INDUSTRY: MFG.
11. BIRTHPLACE (City and State or Foreign Country): MOZELLE, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM HANNEKEN
13b. MOTHER'S MAIDEN NAME: FRANCES ZIEGERER
14. NAME OF [redacted] WIFE: RUTH M. HANNEKEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. 11
16. SOCIAL SECURITY NO.: 489-28-2070
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: RUTH M. HANNEKEN, RR#1, ST. CHARLES Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Due to Automobile Accident

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Charles St. Charles Mo. 30
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 13 '58 6:45 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by another car

held inquest

22. *I hereby certify that I attended the deceased from* Mar. 17, 19 58 *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): Morris Muschany Corner 3
23b. ADDRESS: Westgrille Mo
23c. DATE SIGNED: 3-17-58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 17, 1958
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS CATH. CEM.
24d. LOCATION (City, town, or county) (State): ST. CHARLES Mo

DATE REC'D BY LOCAL REG.: MAR 14-58
REGISTRAR'S SIGNATURE: Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. L. Prinster, St. Charles Mo

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(Licensed Embalmer's Statement on Reverse Side) PRINSTER-HUGHES F.H. INC.

MAR 28 1958

APR 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S Clemme

Licensed Embalmer No. 419

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.