Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020469
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1479

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Moll Nursing Home 332 Benton St. — Length of stay in Ib 41 wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4693 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 606 N. Taylor — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARA Middle L. Last HANNEGAN
4. DATE OF DEATH: Month June Day 2 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sep. 2, 1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Henry J. Lenhardt
13b. MOTHER'S MAIDEN NAME: Elise Wolf
14. NAME OF HUSBAND OR WIFE: Late Daniel E. Hannegan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Dr. K. C. Wagner Address 606 N. Taylor

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis — 2 yrs
DUE TO (c) 331 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5/25/58, to 6-2-58 and last saw her alive on 6-1-58
Death occurred at 1:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. A. Leslie MD (Degree or title)
22b. ADDRESS Kirkwood 22, Mo
22c. DATE SIGNED 6/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 4, 1958
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG.: 6/2/58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I 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 William B White

Licensed Embalmer No. 4291

P. O. Address .....

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.