Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034286
STATE FILE NUMBER

FILED OCT 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9316

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes Hosp — Length of stay in Ib: 50AYrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5622 Delmar Blvd. — Reside on Farm Yes [ ] No [X]

32 59

3. NAME OF DECEASED (Type or print): First: Walter — Middle: Thayer — Last: Hanchett

4. DATE OF DEATH: Month, Day, Year: Sept. 26, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH: August 3 1876
9. AGE (In years last birthday): 82 — 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): Auditor & Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Buxton Skinner
11. BIRTHPLACE (City and state or country): Elgin, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James H. Hanchett
13b. MOTHER'S MAIDEN NAME: Clara Leonard
14. NAME OF HUSBAND OR WIFE: Nettie Grace Hanchett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Span Amer & WW1
16. SOCIAL SECURITY NO.: 497-09-2520
17. INFORMANT: Nettie G. Hanchett — Address: 5622 Delmar Blvd

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary insuffic. — sev. yrs.
DUE TO (c): Atherosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Diabetes melitus. Senility
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 420.1
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 1955, to Sept 58 and last saw him alive on July 22, 1958
Death occurred at 7 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. B. Barnes M.D.
22b. ADDRESS: 5427 Delmar
22c. DATE SIGNED: 9.27.58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/29/1958
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county): St. Louis County — (State): Missouri

24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6175 Delmar
25. DATE RECD. BY LOCAL REG.: SEP 29 '58
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Dllm

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.