

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-036780

FILED VS. OCT 10 1960

317

Primary Registration District No.

544

Registrar's No.

2796

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 1 Day		c. CITY OR TOWN Mehlville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt 8 Box 2211		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edward Middle F. Last Hanephin				4. DATE OF DEATH Month Sept Day 20 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 21 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 4 Days 30	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Busch Farm		11. BIRTHPLACE (City and state or country) Minnesota		12. CITIZENSHIP OF WHAT COUNTRY USA		
13a. FATHER'S NAME Simon Hanephin			13b. MOTHER'S MAIDEN NAME Genevieve Gamble			14. NAME OF HUSBAND OR WIFE Kathryn Hanephin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. 353-03-1737A		17. INFORMANT Kathryn Hanephin			Address Rt 8 Box 2211 Mehlville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Bilateral pyelonephritis DUE TO (c) Carcinoma of prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive and arteriosclerotic heart disease PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH 1 year	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) Dyspare					
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 9-21-59		20d. INJURY OCCURRED WHILE AT WORK <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 Affton, Mo.	
21. I attended the deceased from Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		to 9-21-59		and last saw her/him alive on 7-19-60					
22a. SIGNATURE Robert A. Dancy M.D.				22b. ADDRESS 1216 E. Jefferson on me		22c. DATE SIGNED 9-21-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 22 1960		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) (State) Affton, Mo.			
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.				25. DATE RECD. BY LOCAL REG. 9-21-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.