SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047798

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11966

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.

Length of stay in 1b

c. CITY OR TOWN St. Louis. Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5923 Schulte Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Clayton Last Hankey

4. DATE OF DEATH Month December Day 15 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Unknown

8. DATE OF BIRTH about 1891

9. AGE (last birthday) about 70

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Terre Haute, Indiana

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Isiah K. Hankey

13b. MOTHER'S MAIDEN NAME Barbara E. Kennedy

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT William O. Hankey Address Blue Island, Illinois

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Subdural hemorrhage following trauma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) suffered in altercation at 5923 Schulte, December 15th 1961 between deceased and

DUE TO (c) John Hankey (Brother)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Excusable Homicide 983X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) see above

20c. TIME OF INJURY Hour a.m. p.m. ? Month, Day, Year 12-5-61

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.) Home

20f. CITY, TOWN, OR LOCATION St Louis, Mo COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____

Death occurred at 6:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L Taylor, Coroner

22b. ADDRESS 1300 Clark Ave.

22c. DATE SIGNED 12-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-21-61

23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., ADDRESS 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. DEC 21 1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

ITEM NO. SHOULD READ

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 me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signed _____ Not Embalmed

Signature of Student Embalmer

Licensed Embalmer No. _____

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.