

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009162

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 31 1962
 Registration District No. 548 Registrar's No. 609

VS 300  
Rev. 4/59

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240072

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Webster Groves</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>649 Newport</b>		d. STREET ADDRESS (If outside, give location) <b>649 Newport</b>	
3. NAME OF DECEASED (Type or print) <b>WILLIAM CURRAN HANLY</b>		4. DATE OF DEATH <b>Feb. 18, 1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-17-91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>District Repres.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Weyerhaeuser</b>	11. BIRTHPLACE (City and state or country) <b>Shelbina, Mo.</b>
13a. FATHER'S NAME <b>William Hanly</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Finley</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Hanly</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>		16. SOCIAL SECURITY NO. <input type="text"/>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, bronch-</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral infarctions, right, multiple</b>		<b>6 years</b>	
DUE TO (c) <b>Hypertension + arteriosclerosis</b>		<b>8 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of prostate</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 COUNTY STATE	
21. I attended the deceased from <b>December 1942</b> to <b>Feb 18 1962</b> and last saw him alive on <b>Feb 17, 1962</b> Death occurred at <b>home</b> <b>6:15</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Keith S. Wilson M.D.</b>		22b. ADDRESS <b>52 Maryland Plaza St Louis</b>	
22c. DATE SIGNED <b>2-20-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-21-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>King City, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Parker-Aldrich, Webster Groves</b>		25. DATE RECD. BY LOCAL REG. <b>2-20-62</b>	
26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 Lucie Welch

Licensed Embalmer No. 4395

P.O. Address Wester Grove Mo.

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.