MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-009162
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
4	0		
5	1		
6			
7	0		
8	2		
9	332XH		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 2, 1962

Registration District No. 36 7 Primary Registration District No. 548 Registrar's No. 609

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webster Groves
Length of stay in 1b: Yrs At home
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 649 Newport
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 649 Newport
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIAM Middle CURRAN Last HANLY

4. DATE OF DEATH: Month Feb. Day 18 Year 1962

5. SEX: M

6. COLOR OR RACE: W

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11-17-91

9. AGE (last birthday): 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): District Repres.

10b. KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser

11. BIRTHPLACE (City and state or country): Shelbina, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Hanly

13b. MOTHER'S MAIDEN NAME: Ellen Finley

14. NAME OF HUSBAND OR WIFE: Ruth Hanly

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

16. SOCIAL SECURITY NO.: 474-09-2510

17. INFORMANT Address: Mrs. W. C. Hanly, 649 Newport

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)	Pneumonia, broncho -	48 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral infarctions, right, multiple	6 years
DUE TO (c)	Hypertension + arteriosclerosis	8 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of prostate

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

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.)

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 December 1942, to Feb 18 1962 and last saw him alive on Feb 17, 1962
Death occurred at home 6 15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Keith S. Wilson M.D.

22b. ADDRESS: 52 Maryland Plaza St. Louis

22c. DATE SIGNED: 2-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-21-62

23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery

23d. LOCATION (City, town, or county) (State): King City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich, Webster Groves

25. DATE RECD. BY LOCAL REG.: 2-20-62

26. REGISTRAR'S SIGNATURE: John C. Mayfield M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welsh

Licensed Embalmer No. 4395

P.O. Address Webster Groves 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.