WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19994

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4941a Tholozan St. ..... Ward)

File No. ..... Registered No. 5758

2. FULL NAME Nellie Hanlon

(a) Residence. No. ..... St., 15 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lawrence Hanlon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1868

7. AGE: abt. 59 YEARS; MONTHS: –; DAYS: –; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home 48

(b) General nature of industry, business, or establishment in which employed (or employer): 71

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Thos Burke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: Lawrence Hanlon
(Address) 4941a Tholozan av

15. FILED JUN 22 1927 19 Max C Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926, to June 20, 1927, that I last saw her alive on June 20, 1927, and that death occurred, on the date stated above, at 1 25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Uterus and appendages (duration) 1 yrs. 9 mos. – ds.

CONTRIBUTORY (SECONDARY): Anaemia (duration) 1 yrs. – mos. – ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3334 Vista ave

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 3-1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Physical findings

(Signed) J. C. Herchmoeder, M. D.

6/21, 1927 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: 6-23-1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Market

Herchenroeder
Mit Bldg
Jeff 4250
1 30 – 3