

MAR 27 1939

REC'D APR 7 1939

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

12286

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis County 2 Registration District No. 784  
(b) Township Normandy Primary Registration District No. 200 Registered No. 554  
(c) City St. Louis 1 (d) Street No. Glen Echo Country Club Grounds St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Theda Irene Hanna  
(a) Residence, No. Glen Echo Country Club St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 John B. Hanna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1894

7. AGE YEARS 44 MONTHS 11 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neenah, Wisconsin.

FATHER 13. NAME Mortimer V. Morehouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exter N.Y.

MOTHER 15. MAIDEN NAME Edna M. Dopkins.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Wisc.

17. INFORMANT John B. Hanna  
(ADDRESS) Glen Echo Club., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton, Wisc DATE 3-29, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.  
(ADDRESS) 4700 Washington Blvd.

20. FILED MAR 27 1939 W. H. Meyers Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2 - 24, 1939, to 3 - 24, 1939

I last saw her alive on 3 - 24, 1939. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of descending colon Date of onset 2-20-39

Other contributory causes of importance:

Chronic Myocarditis Feb '39

Name of operation Colostomy Date of 2-24-39

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. H. Meyers M. D.

(Address) 6203 not Bridge  
St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Guy W. Wilkinson*

Licensed Embalmer No.....

*3575*

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 this body is not embalmed, above space should be left blank.**