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.

REC'D AUG 11 1939

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

23814
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 6087
(c) City St. Louis, Mo (d) Street No. BARNES HOSPITAL 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 563 WILLIAM, HANRATTY H.
(a) Residence, No. 436 S. SEMINARY St. N/R COLLINSVILLE, ILL
(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: Male
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: Anna Hanratty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19 - 1878
7. AGE: YEARS 61 MONTHS 2 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. House Painter Contractor
10. Date deceased last worked at this occupation (month and year) May 1938
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caseyville Ill.

FATHER
13. NAME: Arthur Hanratty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Mary Lutz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caseyville Ill.

17. INFORMANT (ADDRESS): Mrs Anna Hanratty Collinsville Ill.
18. BURIAL, CREMATION, OR REMOVAL: Collinsville Ill.
PLACE St Johns Cemetery DATE July 12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo M. Schroeppel 314 W Main Collinsville Ill.
20. FILED JUL 10 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to July 9, 1939
I last saw him alive on July 9, 1939 Death is said to have occurred on the date stated above, at 1:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1937?
Urinary	
51	

Other contributory causes of importance:
x-ray treatment of ca bladder thru abd
Name of operation ..... Date of June
What test confirmed diagnosis? biopsy 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. G. Cook~~ H. Hoffner, M. D.
(Address) BARNES HOSPITAL

(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, Geo M. Schroeffel, or by

Registered Apprentice No. 1598, working under my personal supervision.

Signed Geo M. Schroeffel

Licensed Embalmer No. 1598

P. O. Address Collinsville Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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