

FILED JUL 13 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5641

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 20 e
 (d) Street No. 2617 Glasgow Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Norman H. Hancock

3. (b) If veteran, name war. ***** 3. (c) Social Security No. *****

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Iva Hancock 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Feb - 5 - 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>24</u> hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business P. R. Foreman

12. Name James Hancock

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mandy Rau

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Hancock

(b) Address 3709 Potomac St

17. (a) Removal (b) Date thereof June 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris Tennessee

18. (a) Signature of funeral director Peetz Brothers

(b) Address 303 Lafayette Ave

19. (a) JUL 1 1942 (b) J. F. Prodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29, year 1942 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from June 23, 1942 to June 29, 1942

that I last saw him alive on June 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage right middle Duration 2 yrs?

Due to Hypertension ?

Due to Old

Other conditions Old
(Include pregnancy within 3 months of death)

Major findings: Of operations Old

Of autopsy post refused

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature J. W. Streuter (M. D. or other) 0

Address 1515 Lafayette Ave. Date signed 6/29/42

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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 Frank D. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.