

**FILED APR 19 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Mar. 3, 1937 years, months or days)

**3. (a) PRINT FULL NAME** Hannah Behan

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** None

**4. Sex** female **5. Color or race** white

**6. (a) Single, widowed, married,** Divorced widow

**6. (b) Name of husband or wife** MICHAEL HITE

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** Mar. 3, 1856  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>?</u>	hr. _____ min. _____

**9. Birthplace** Memphis, Tenn.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** AT HOME

**11. Industry or business** \_\_\_\_\_

**12. Name** George Hite

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

**14. Maiden name** Martha Ohio

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

**16. (a) Informant** G. Hannon

**(b) Address** BURIAL 5800 Arsenal St. 4-8-43

**17. (a) (b) Date thereof** \_\_\_\_\_ (Month) (Day) (Year)

**(c) Place of burial or cremation** CALVARY CEMETERY

**18. (a) Signature of funeral director** Arthur J. Donnelly

**(b) Address** 3840 Lyndell Blvd

**19. (a) APR 7 1943** (Date received local registrar)

**(b) J. F. Bradeck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 1213

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country American

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April, day 5, 1943  
year \_\_\_\_\_ hour 1:25 p. minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** April 1, 1943, to April 5, 1943  
that I last saw her alive on 4/5/43, 1943,  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Degenerative H. Disease **Duration** yes

**Due to** Senility - Arteriosclerosis **Duration** yes

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_

**Of operations** \_\_\_\_\_

**Of autopsy** Arteriosclerosis - Cardiac infarct

**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)

**(e) Means of injury** 0

**23. Signature** R. Harrison (M. D. or other) MD

**Address** City Infirmary - St. P. Mo **Date signed** 4/6/43

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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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**