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FILED SEP 13 1948

318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St Louis Mo

(c) Name of hospital or institution: St. Louis City Hospital  
(If outside city or town limits, write "RURAL" and name of town)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ave

(c) City or town St Louis 17

(d) Street No. 1838 N 18th Str. 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Joseph Edwin 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 W

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 10 1919  
(Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation None

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

12. Name Al Hancock

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

14. Maiden name Clara E Lemay

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

16. (a) Informant Clara Gora

(b) Address 1529 N 9th Str.

17. (a) Burial (b) Date thereof 9/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters

18. (a) Signature of funeral director Central Und Co

(b) Address 1841 Cass ave

19. (a) SEP 3 1948 (b) J. F. Bradea  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st  
year 1948 hour 1:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage and Laceration of the brain, self inflicted with a shot gun on the sidewalk in front of 1838 No. 18th Street, around 1:40 P.M., Sept. 1st, 1948.

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

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) suicide

(b) Date of occurrence 9-1-1948

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

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

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury see above

23. Signature Walter G. Perry (M. D. or other) 9/3/48

Address W. G. Perry Date signed 9/3/48

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

MOTHER FATHER

OCT 14 1948

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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 *Amos P. Padwell*

Licensed Embalmer No. 4077

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, fact should be so stated above.**