

No. 30. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43473

State File No.

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11378**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homér G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2737 Lawton	
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle)	
c. (Last) Hancock		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1952	
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow.	8. DATE OF BIRTH August 11, 1886
9. AGE (In years last birthday) 66		10. MONTHS 3	11. DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY unemployed	
11. BIRTHPLACE (City and State or Foreign Country) Union Town, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Powell		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE William Hancock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Elvin Hancock - 1610a Cole Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Pulmonary Tuberculosis ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) Severe Secondary Anemia (Prob. Intestinal in origin) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 002x	
22. I hereby certify that I attended the deceased from 11-20 19 52 , to 12-6 19 52 , that I last saw the deceased alive on 12-6 19 52 , and that death occurred at 10:30pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles P. Hard M. D.		23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 12-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/12/52	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REG. DEC 10 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Und. Co. ADDRESS 3644 Finney	

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

(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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4223 Dwight*

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.