

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22866

State File No.

Registrar's No. **5440**

FILED JUN 20 1953

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ADELE b. (Middle) G. c. (Last) HANEL		4. DATE OF DEATH (Month) (Day) (Year) May 31 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Sieloff Packing	9. AGE (In years last birthday) 46 yrs.
11. BIRTHPLACE (City and State or Foreign Country) Mt. Olive, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Max Albert		13b. MOTHER'S MAIDEN NAME Anna Ullmann	14. NAME OF HUSBAND OR WIFE Mr. Edward Hanel
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.	17. INFORMANT'S SIGNATURE OR NAME Mr. Edward Hanel, 6923 Woodrow, St. Louis, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c) Mitral Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive Heart Failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 4 hours 20 yrs. 1 yr.
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 410X
22. I hereby certify that I attended the deceased from May 15, 1953 , to May 31, 1953 , that I last saw the deceased alive on May 31, 1953 , and that death occurred at 1:45 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward Hanel		23b. ADDRESS 1325 S. Grand	23c. DATE SIGNED 6-7-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-3-53	24c. NAME OF CEMETERY OR CREMATORY United Mine Workers Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Olive, Illinois
DATE REC'D BY LOCAL REG. JUN 1 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.

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 _____
Signature of Student Embalmer

Signed Max L. Warfe

Licensed Embalmer No. 417

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.