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I hereby certify that this is a true copy of the certificate for the person named thereon as it now appears in the permanent record of the Bureau of Vital Statistics, the Division of Health of the City of St. Louis. Witness my hand as City Registrar of Vital Statistics and the seal of the Division of Health of said department this.....

day of MAR 26 2007

City Registrar

*Sharon Quigley Carpenter*

Dept. Health,  
Educ., & Welfare  
U. S. Public  
Health Service

XC-210285  
R# 27961

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

STATE FILE NUMBER  
Registrar's No. 11416

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>SACAMON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>35 VET ADM HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>32 1031 E MILEY STREET.</u>	
3. NAME OF DECEASED (Type or print) First <u>LEO</u> Middle <u>HANNEY</u> Last <u>HANNEY</u>		4. DATE OF DEATH Month <u>11</u> Day <u>28</u> Year <u>57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-11-96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SELF EMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRODUCE</u>	9. AGE (In years, last birthday) <u>61</u>
11. BIRTHPLACE (City and state or country) <u>ST LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES HANNEY</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE KIELEY</u>	
14. NAME OF HUSBAND OR WIFE <u>FDORENCE HANNEY</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES NW 1</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT Address <u>VA HOSP RECORDS 915 N GRAND ST LOUIS MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASPIRATION PNEUMONIA</u> DUE TO (b) <u>EMESIS SASTRO - TLEO FISTULA</u> DUE TO (c) <u>DUODENAL - ULCER</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MYOCARDIAL INFARCT</u>			INTERVAL BETWEEN ONSET AND DEATH <u>541-0</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:45</u> a.m. <u>57</u> Month <u>11</u> Day <u>28</u> Year <u>57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VA</u>	
20e. CITY, TOWN, OR LOCATION <u>SPRINGFIELD</u>		20f. COUNTY <u>MO.</u>	
20g. STATE <u>MO.</u>		20h. DATE SIGNED <u>11-28-57</u>	
21. attended the deceased from Death occurred at <u>5:45 A.M.</u>		22. SIGNATURE (Degree or title) <u>JOSEPH HANNEY M. D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/28/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Springfield, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>Edward Fendler 5611 South Grand Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 29 57</u>	
26. REGISTRAR'S SIGNATURE <u>Sharon Quigley Carpenter</u>		27. DATE <u>11-28-57</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)