

Registration District No.

317

Primary Registration District No.

6176

Registrar's No.

2589

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Berkley, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life
years, months or days)

3. (a) PRINT Harriet (Hettie) Hannon
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife Ed. Hannon
alive _____ years

7. Birth date of deceased October 14 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 13
hr. min.

9. Birthplace Franklin Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Amos Strange
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Boecock
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant daughter

(b) Address Berkley, Mo.

17. (a) Burial (b) Date thereof Dec 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Ferguson, Mo.

(b) Address Ferguson, Mo.

19. (a) DEC 30 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Berkley
(If outside city or town limits, write "RURAL")

(d) Street No. Airport and Garfield Rds
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from
12/13, 1944, to 12/27, 1944
that I last saw him alive on 12/26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration 3 hrs

Due to senile arteriosclerosis
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83rd
Of autopsy
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

Signature Leo Hughes (M. D. or other)
Address Ferguson, Mo. Date signed 12/28/44