

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 26 1928

6241

1. PLACE OF DEATH

County St. Louis Registration District No. 189
Township Central Primary Registration District No. 60330B
City (No. 62116 Lemp Ave.) St. _____ Ward _____

File No. _____
Registered No. 16

2. FULL NAME

Johanna A. Hansen
(a) Residence No. 62116 Lemp Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. E. Hansen.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 - 1837
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 90 2 23
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. John A. Ditz (Address) 62116 Lemp Ave.
15. FILED 2/13 1928 Wella Gray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1928
17. I HEREBY CERTIFY, That I attended deceased from July 8th, 1927, to Feb 12th, 1928, and that I last saw h. alive on Feb 12th, 1928, and that death occurred, on the date stated above, at 7 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Central Registration
arterio sclerosis
unable to say
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Pete H. Eck, M. D.
2/12, 1928 (Address) 4701 St. Louis Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cem DATE OF BURIAL 2-16 1928
20. UNDERTAKER Leo L. Pleitich ADDRESS 5966 E. 11th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

St Louis de Missouri.