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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 27770
Township Carondelet — Primary Registration District No. 6748B — Registered No. 278
City Koch (No. ..., ... St. ..... Ward)

2. FULL NAME Hans Hansen
(a) Residence, No. 4108 N. 11th St., St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorthy Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1893

7. AGE: 40 YEARS — MONTHS: 9 — DAYS: Unk — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

FATHER
13. NAME: Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X Unk

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X Unk

17. INFORMANT (ADDRESS): Koch Hospital, Koch Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill Burial Park DATE July 30, 1934

19. UNDERTAKER (ADDRESS): Albert H. Hoppe, 429 N. Euclid Ave.

20. FILED 7-28 1934 B. F. Tate M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 28, 1934
I last saw him alive on July 28, 1934. Death is said to have occurred on the date stated above, at 8:52 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1934
Laryngitis - Tuberculosis	
Enteritis - "	

Other contributory causes of importance:
23 A
23 B
23

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. J. Herbert, M. D.
(Address) Koch Hospital, Koch, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 17 1934

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24
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198[illegible] 7
[illegible] 9
[illegible] 10