

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

Do not use this space.

37437

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. 9851

City St. Louis (No. 10487)

City St. Louis St. Ward 24 Ward

St. Ward 24 Ward

2. FULL NAME

(a) Residence, No. 1314 Lynch St. Ward 24
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nie
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Dan Hansen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo

15. MAIDEN NAME Lillian Unterhagen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Wm J. Kent City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew DATE Oct. 9 1934

19. UNDERTAKER (ADDRESS) Wick Bros 2201 Grand

20. FILED 661-9 1934

J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1934, to 10-7, 1934

I last saw him live on 10-7, 1934 Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:
1070

Broncho Pneumonia, Primary

Other contributory causes of importance:

Name of operation 1070 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) Emmet Kelly, M. D.

(Address) City, Mo

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.

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

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