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.

JAN 24 1935

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

Do not use this space.

44628

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital St. ..... Ward)

File No. .....

Registered No. 11736

2. FULL NAME Henry Hansen

(a) Residence, No. H St., N R Ward. Camel Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20 1856

7. AGE: YEARS 77 MONTHS 11 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Dec. 1934

11. Total time (years) spent in this occupation 48 yrs

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

FATHER

13. NAME: Nils Hansen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Rev. Hansen 3738 Morganford Road

18. BURIAL, CREMATION, OR REMOVAL PLACE: New Bethlehem Cem DATE: Dec 12 1934

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home, Inc 1936 St. Louis Ave

20. FILED 12 1934 19 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-14-34, 19..., to 12-9-34, 19...

I last saw him alive on 12-9-34, 19... Death is said to have occurred on the date stated above, at 10:22 P.m.

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

	Date of onset
Coronary Thrombosis - Left	
Congestive Heart Failure	2 wks
746	
752	

Other contributory causes of importance:

946

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Theo. H. Hansen, M. D.

(Address) 3651 Grandel Square