

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

Do not use this space.

APR 30 1935

14572

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **339**, no Taylor)

File No.....
Registered No. **3405**
St..... Ward)

2. FULL NAME

Fay Margaret Hanson
(a) Residence, No. **339** no Taylor **12** Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **William J. Hanson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 6-1890**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	45	2	4	

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

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 **John E. Hockenemith**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lexington Ky**

15. MAIDEN NAME **Eleonor Parke**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dappington Mo**

17. INFORMANT (ADDRESS) **Wm J. Hanson 339 no Taylor**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Monarch Mo** DATE **April 6 35**

19. UNDERTAKER (ADDRESS) **Schneider Bros Ballwin Mo**

20. FILE NO. **15 1935** 19 **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 10 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **5:30** p.m.

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

Potassium Cyanide Poisoning - self administered - when suffering extreme mental distress Date of onset **Terminde**

Other contributory causes of importance: **163**

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? **Suicide** Date of injury **4/10/1935**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **Poison**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **J. Bredeck** M.D.

(Address) **St. Louis, 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.

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

Do not use this space.

PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003

File No. 3405
Registered No. ~~3387~~
St. _____ Ward _____

FULL NAME

Fay Margaret Hanson

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

4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR WIFE OF) _____

DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1892

YEARS <u>43</u>	MONTHS <u>2</u>	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
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Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

PLACE (CITY OR TOWN) _____ STATE OR COUNTRY _____

NAME _____

BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FATHER'S NAME _____

BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

PERMANENT ADDRESS _____

AL. CREMATION, OR REMOVAL _____ DATE _____ 19____

REGISTRAR'S NAME AND ADDRESS _____

5-17 1995 Geo. J. Probeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.
(Address) _____

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

FOR BINDING

St. Louis, Mo.
May 15, 1935.

Bureau of Vital Statistics,
Municipal Courts Bldg.,
St. Louis, Mo.

This is to certify that I, John E. Hockensmith
am the father of Fay Margaret Hanson, nee Hockensmith, deceased
April 10th, 1935. 5:30 P. M. at 339 N. Taylor Ave., St. Louis,
Mo.

Her date of birth was stated in error as
February 6, 1890, whereas the true and correct date of her
birth was February 6, 1892. Her true and correct age at
the time of death was 43 years, 2 months and 4 days and not
45 years, 2 months and 4 days as stated on Death Certificate
Register #3405 filed April 15, 1935 at City of St. Louis, Mo.

Eleanor Hockensmith (wife) John E. Hockensmith
Witness

City of St. Louis }
State of Missouri }

Witness Subscribed before
me this 16th day of May 1935.

Lucretia H. Flamm
Notary Public

My Comm. expires
Oct 9, 1938

RECEIVED
MAY 20 1935
THE STATE BOARD OF HEALTH
OF MISSOURI