

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

Do not use this space.

MAY 7 1936

17073

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 3594) Washington St. Washington Ward

File No. ....  
 Registered No. 3826

**2. FULL NAME**

Mary Susan Hanson  
 (a) Residence, No. 3594 Washington, 21 Ward. (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 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 John A. Hanson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 7 20

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

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) Illinois

13. NAME Hankerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hankerson

15. MAIDEN NAME Hankerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hankerson

17. INFORMANT John A. Hanson (ADDRESS) 3594 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE April 8 1936

19. UNDERTAKER Ziegenbein, Otto (ADDRESS) 2623 Cherokee

20. FILED APR 8 1936 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936 to Apr. 5, 1936

I last saw h. er. alive on Apr 5, 1936. Death is said to have occurred on the date stated above 2:30 p. m.

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

Chronic myocarditis  
Acute coronary thrombosis  
 Date of onset 1935  
72  
 Other contributory causes of importance:  
Chronic cholecystitis Nov 1930  
chronic arthritis 1935

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? No. If so, specify.....

(Signed) Morton John Overholt, 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.

