AUG 30 1937

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

Do not use this space.

File No. 28433
Registered No. 163

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Richmond Heights (No. 7477 Wise Avenue St. Ward)

Registration District No. 1170
Primary Registration District No. 6248-H

2. FULL NAME Fred Hansen
(a) Residence, No. 7477 Wise Ave. St., Ward.
(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 Caroline Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
85	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) Unknown Denmark

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Caroline Hansen
(ADDRESS) 7477 Wise Ave., Richmond Heights.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE July 26 1937

19. UNDERTAKER Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILED 7/25 1937 Sam A. Daniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1936, to July 24 1937
I last saw him alive on July 23 1937. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7/24/37
Fracture neck of rt. femur c shock	7/17/37

Other contributory causes of importance:
Chronic myocarditis
Senility
Prostatic hypertrophy.

Name of operation — Date of
What test confirmed diagnosis? — Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/17 1937
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall
Nature of injury Fract. rt. femur.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Sam A. Daniel, M. D.
(Address) 1050 S. Big Bend.

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.