

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

1137
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **993**
 (c) City St. Louis (d) Street No. St. Anthony's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nathalie Hanson 5'2 1/2"
 (a) Residence, No. 344 Lago St. **NR** St. Louis County,
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-16-1933</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>9</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>Judson Hanson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steeleville Mo</u>		
15. MAIDEN NAME <u>Magdalen Fuytrick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. Hanson 344 Lago</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope</u> DATE <u>1-29-1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Southern Funeral Home 622 1/2 S. Grand</u>		
20. FILED JAN 27 1938 <u>J. Bredeck</u> Local Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-1938

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 _____ m.

The principal cause of death and related causes of importance were as follows:
2nd Degree Burns of shoulder and back suffered when deceased fell into tub of hot water while walking

Other contributory causes of importance:
Acquiescence in basement of her home about 8:30 AM Jan. 24-1938

Name of operation accident Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury 1-24-38
 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 See above
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Alfred J. Perry
 (Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be written in plain terms.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank Ludwig
Licensed Embalmer No. 2504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)