

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

209
Do not use this space.
209

791
1003

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 209
 (c) City 1 (d) Street No. 4324 MARCUS AVE 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 525 GEORGE HANSMANN

(a) Residence, No. 4324 MARCUS AVE St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNA HANSMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 8, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	4	26	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MEAT CUTTER
 9. Industry or business in which work was done, as saw mill, bank, etc. MEAT CUTTER
 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.

FATHER 13. NAME JOSEPH HANSMANN

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

MOTHER 15. MAIDEN NAME KATHERINE BORN

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

17. INFORMANT MRS. EUGENE MC DUFFIE
 (ADDRESS) 4324 MARCUS AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE JAN. 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodrich Goodrich
2228 St. Louis Ave

20. FILED JAN 6 1939 J. D. Brubaker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1938 to 1-4, 1939

I last saw him alive on 1-4, 1939 Death is said to have occurred on the date stated above, at 10:20 AM.

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

Chr. endocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Espan 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 , 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)

(Address) 507 1/2 Union Rd

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.

1 X16803

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Charles Goodhart*.....

Licensed Embalmer No. *2777*.....

P. O. Address *J. Loew, Mo*.....

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.)

If this body is not embalmed, above space should be left blank.