

REC'D JUN 12 1939

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

16525

Do not use this space.

791  
1008

Registered No. 4059

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis..... (d) Street No. Lutheran 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

525 Rufus Hansen  
(a) Residence, No. 2848 N Union Ave St. 6  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Theodora Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 -- 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Assembler  
9. Industry or business in which work was done, as saw mill, bank, etc. Fischer Auto Body  
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) Pittsburgh KansasFATHER 13. NAME Henry Hansen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Theresa Giesecking16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville III17. INFORMANT (ADDRESS) Theodora Hansen  
2848 North Union Ave18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE May 5 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden Funl Home  
1936 St. Louis Ave20. FILED MAY 8 1939 J. F. [Signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939 1922. I HEREBY CERTIFY, That I attended deceased from 10/8/37 19 to 5/2/39 19.I last saw him alive on 5/1/39 19. Death is said to have occurred on the date stated above, at 3:00 A. M.

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

Myelogenous Leucemia 1937.

Other contributory causes of importance:

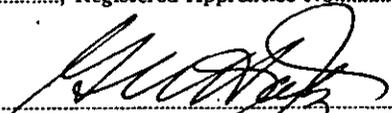
Name of operation None Date of -  
What test confirmed diagnosis? Ritnetry Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury  
Nature of injury24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify(Signed) Thos. H. Hanson M. D.  
(Address) 3651 Grand Bl

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**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..... 

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

**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.**