

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

44564
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 2167
 (c) City Clayton (d) Street No. St. Louis County 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 Hanson, Baby Boy
 (a) Residence, No. 1815a Franklin, St. Louis, Mo. (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*) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo.

13. NAME ?

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

15. MAIDEN NAME Margaret Voss

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

17. INFORMANT mother, Margaret Hanson (ADDRESS) 1815a Franklin, St. L., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington U. Pathological Dept. DATE 6-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis Co. Hospital Clayton, Mo.

20. FILED DEC 9-1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-8-39, 19, to 6-9-39, 19.

I last saw him alive on 6-9-39, 19. Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Date of onset 6/9/39

Other contributory causes of importance: 157

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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?
 If so, specify _____
 (Signed) James Doud M. D.
 (Address) St. Louis County Hosp.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.....

P. O. Address.....

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.