

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27054**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6950**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Enroute City Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **William E. Hanstein Sr. 523**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **492-03-3220**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **MARIE** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **November 16, 1878**
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Box Maker**

11. Industry or business **Robt. Gaylord Box Co.**

12. Name **Engelhardt Hanstein**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Gretchen Lager**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Hanstein**

(b) Address **112 E. Stein st.**

17. (a) **Burial** (b) Date thereof **Aug. 19, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Luth. Cem.**

18. (a) Signature of funeral director **C. Hoffmeister M. T. C.**

(b) Address **7814 S. Broadway**

19. (a) **AUG 16 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **112 E. Stein st.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15** year **1940** hour _____ minute **00** P. M.

21. I hereby certify that I attended the deceased from **Aug 29** 19**40** to **Aug 14** 19**40** that I last saw him alive on **Aug. 14 - 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis of coronary arteries** Duration **30 min.**

Due to **selection of coronary arteries**

Due to _____

Other conditions **attending heart block**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **P. Bruckbeyer** (M. D. or other) **1**
Address **3147 S. Jeff** Date signed **8/16-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Embalmer
Prop. 2603*

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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

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