

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36280 ✓

State File No.

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1973

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2525 High School Dr.
(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 Amalia Hansing

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dr. A. E. Hansing 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sep. 27 1846
(Month) (Day) (Year)

8. AGE: Years 94 Months 0 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Louis AbbEgg

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Burgi

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss W. R. Craig

(b) Address 2525 High School Dr Brentwood

17. (a) Cremation (b) Date thereof 10/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) OCT 18 1940 (b) W. R. Craig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2525 High School Dr
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1940 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan 16
_____, 1940, to Oct 17, 1940
that I last saw her alive on Oct 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute cardiac dilatation 1 day

Due to myocarditis Chronic Sym

Due to Arteriosclerosis

Other conditions Sensility

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged etiologically.

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)

Means of injury _____

23. Signature W. R. Craig (M. D. or other) _____

Address Kirkwood, Mo Date signed 10/19/40

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.....

Louis H Bopp, Registered Apprentice No.....
working under my personal supervision.

Signed

Louis H Bopp

Licensed Embalmer No. 921

P. O. Address

Kirkwood

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.