

WED NOV 25 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1027

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Crave Coeur R R # 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Old Dorsett & Harlem
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Peter Hansen

3. (b) If veteran, name was ////////// 3. (c) Social Security No. //////////

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 15 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 12 hr. min.

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

10. Usual occupation retired

11. Industry or business Cigar Mfr.

12. Name John Hansen

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

14. Maiden name Mary Reiff

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

16. (a) Informant Dora Hansen

(b) Address Old Dorsett & Harlem

17. (a) Burial (b) Date thereof Oct 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) OCT 26 1940 (b) P. R. Mlyns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town _____
(If outside city or town limit, write "RURAL")
(d) Street No. Old Dorsett & Harlem
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1940 hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from SEPTEMBER 10, 1936, to OCTOBER 27, 1940;
that I last saw him alive on OCTOBER 27, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs.

Due to _____

Due to _____

Other conditions Marguerite of night bed
(Include pregnancy within 3 months of death)
due to embolism of popliteal artery

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? _____

707 While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature E. A. Barnick (M. D. or other) D. O.

Address 6611 Carnegie Date signed 10/27/40

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3472

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.