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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36134

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2030

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 8/29/41 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2012 South 18th Street 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Joseph G. Hanson

3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. Yes - not remembered

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lula
6. (c) Age of husband or wife if alive unkn. 59 years

7. Birth date of deceased April (Month) 9th. (Day) 1876 (Year)

8. AGE: Years 65 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation R. R. Inspector
11. Industry or business -

FATHER
12. Name John Hanson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Esther Cooper
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alice Selvaggi
(b) Address Acting Clinical Clerk, VAF, Jeff. Bk.,
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 6 Mo 41 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co
(b) Address 7814 S. Broadway
19. (a) OCT 4 - 1941 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd, year 1941 hour 8:53 minute a. M.

21. I hereby certify that I attended the deceased from August 29, 1941 to October 3, 1941 that I last saw him alive on October 3, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of tongue, far advanced, with extensive	-
Due to cervical metastases.	1 year.
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

45%

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other) D
Address Chief Medical Officer. Date signed 10/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3877

P. O. Address 7814 S. Broadway

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

If this body is not embalmed, fact should be so stated above.