

S. No. 2
M-5-43
5-17-39
X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36434**

FILED DEC 13 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10624**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1040 Geyer Ave. Rear
(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)

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. 1040 Geyer Ave. Rear
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Minnie Hanson

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased August 5, 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1943 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 6, 1943, to Dec 1, 1943
that I last saw her alive on Dec 1, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 3 26 hr. min.

Immediate cause of death Chronic Myocarditis
Duration Don't know

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

Due to.....

Due to.....

Other conditions Thyroiditis Don't know
(Include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Ketchum

{ 13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Brown

{ 15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant Miss Ruth Burke
(b) Address 2008 S. Broadway

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?.....

17. (a) Burial (b) Date thereof Dec. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

While at work?..... (Specify type of place)

(c) Means of injury.....

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl

23. Signature J. J. Budeck D. or other MD
Address 1805 A 1/2 Date signed 12-2-43

19. (a) DEC 3 1943 (b) J. J. Budeck
(Date received local registration) (Registrar's signature)

244 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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, fact should be so stated above.