

FILED JAN 3 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No.

11555

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

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:  
4406a Arsenal Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
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. 4406a Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

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3. (a) PRINT FULL NAME Christian Arthur Hansen Jr.

3. (b) If veteran, name war. 3. (c) Social Security No. 489-01-7706

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

6. (b) Name of husband or wife Hilda Hansen 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 16, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>4</u>	hr. min.

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

10. Usual occupation Freight Handler

MOTHER FATHER

11. Industry or business  
12. Name Herman Hansen

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

14. Maiden name Anna Schmidt

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

16. (a) Informant Hilda Hansen  
(b) Address 4406a Arsenal Street

17. (a) Burial (b) Date thereof 12/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery  
18. (a) Signature of funeral director Weick Bros.  
(b) Address 2201 S. Grand Bl.

19. (a) DEC 22 1943 (b) J. F. Bresick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20  
year 1943 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 20th, 1943, to Dec 20th, 1943, that I last saw him alive on Dec 19th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Rectum  
Duration about 6 mo

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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)  
(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 Arnold Spelman (M. D. or other)  
Address 2632 South Ruffin Date signed 12/24/43

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**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. Pleasant*

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.**