S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 365

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 941

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: Alpine Hotel ~~4th & Pine St.~~ 4½ Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3357 Oxford Ave. NR 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME OSCAR HANSON

3. (b) If veteran, name war No.

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 July 27, 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Sweden (State or foreign country) 4

10. Usual occupation Confectionary Store Owner

11. Industry or business

FATHER
12. Name Carl Hanson
13. Birthplace (City, town, or county) Sweden (State or foreign country) 4

MOTHER
14. Maiden name Yackenbanna Jacobson
15. Birthplace (City, town, or county) Sweden (State or foreign country) 4

16. (a) Informant Sigurd Hanson
(b) Address 3357 Oxford Ave. Maplewood?MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood?Mo.

19. (a) JAN 29 1946 (Date received by local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1946 hour 7 minute 45 A. M.

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

Immediate cause of death Carbon Monoxide Poisoning when he was trapped in the fire at the Alpine Hotel 4½ Pine Street Ambulance 4:12 P.M. Jan 27 1946 Damage to Building $30,000 Due to Contents $15,000 Origin of Fire Could not be Determined — Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8 1 Of autopsy 7 13

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) Fire Accident
(b) Date of occurrence Jan 27 1946 A.M.
(c) Where did injury occur? (City or town) (County) (State) At home Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel (Specify type of place)
While at work? (e) Means of injury Go Home

23. Signature Patrick E. [illegible] (M.D. or other)
Address Date signed 1/29/46

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.