V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7501

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1745

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 220

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4249a Maffitt 119
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Hanson

3. (b) If veteran, name war

3. (c) Social Security No. 486-18-0376

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hattie Hanson

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

7. Birth date of deceased Sept. (Month) 7 (Day) 1878 (Year)

8. AGE: Years 67 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Custodian

11. Industry or business

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

MOTHER
14. Maiden name Lucinda Marshall
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Priscilla Russell
(b) Address 2732 Pine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) FEB 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1946 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2-14 1946 to 2-18 1946 that I last saw him alive on 2-18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy Yes

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)
(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 Owen T. Myers (M. D. or other)
Address 7601 N. Whittier Date signed 2/18/46

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1946

6451

474

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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address St Louis

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.