

FILED NOV 26 1946

Registration District No. 293

Primary Registration District No. 6004

State File No. 37999
Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Rolla

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

(c) Name of hospital or institution:
Mississippi Shrine 3
(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 St. Louis

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Joseph Hansen

3. (b) If veteran, name war World War #2

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1946 hour 0 minute 15 AM/PM

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: August 22 1909
(Month) (Day) (Year)

Immediate cause of death Strain

Due to Falling off staircase

Due to subdural hemorrhage

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	37	11	11	_____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Bertha Hansen

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

Major findings: 183

Of operations _____

Of autopsy 1836

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director James C. O'Donnell

(b) Address St. Louis, Mo.

19. (a) Oct. 4 46 (Date received local registrar) (b) W. J. Waters (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 13

(b) Date of occurrence August 2 1946

(c) Where did injury occur? Missouri Adams Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Mississippi Shrine (Specify type of place)

(a) Means of injury Strain

23. Signature W. J. Waters (M. D. or other) _____

Address St. Louis, Mo. Date signed 10/12/46

268

JAN 15 1947

JAN 17 1951

RECEIVED
District Health Officer No. 10
District File Number 10-46-2145
Date Filed --NOV-25-1946--

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 *A. M. P. [Signature]*
Licensed Embalmer No. 7837
P. O. Address *[Handwritten Address]*

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.