

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

2
45
-39
47070

FILED DEC 31 1946

Registration District No. 377

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
ST MARYS HOISP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 HRS
(Specify whether years, months or days) 3 MONTHS

In this community HANSEN

3. (a) PRINT FULL NAME RICHARD JOHNATHAN HANSEN

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

4. Sex M 5. Color or race W 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 24 1946
(Month) (Day) (Year)

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

9. Birthplace DEADWOOD SOUTH DAKOTA
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name FRANKLIN S HANSEN

13. Birthplace COUNCIL BLUFFS IOWA
(City, town, or county) (State or foreign country)

14. Maiden name L. I. S. M. HAWK

15. Birthplace LEAD SOUTH DAKOTA
(City, town, or county) (State or foreign country)

16. (a) Informant Franklin S. Hansen

(b) Address 6289 Creston Ave

17. (a) BURIAL (b) Date thereof DEC 24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Walter Beckley

(b) Address 6536 Clayton Rd
12-26-46 (c) Reith J. Allen MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 9

(c) City or town RICHMOND PINE LAWN MO
(If outside city or town limits, write "RURAL")

(d) Street No. 6289 Creston AVE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1946 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10 AM Dec 22
1946 to 5:45 PM, Dec 22, 1946;
that I last saw him alive on same date
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 11 hrs
severe 246

Due to Cause undetermined (blood culture taken)

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none grossly

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Colwell K Nemitts MD (M. D. or other) MD
Address Motheater Bldg Date signed 12/24/46

St. Louis

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 J Allen Davis Jr
Licensed Embalmer No. 46053
P. O. Address St Louis Mo

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.