

FILED FEB 20 1947

Registration District No.

Primary Registration District No. 4185

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years years, months or days

3. (a) PRINT FULL NAME

Theresa V. Hansel

3. (b) If veteran, name war No

3. (c) Social Security No. 499-12-3112

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
divorced
(b) Name of husband or wife Charles Alva Hansel 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased 25-1908
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 12 If less than one day
hr. min.

9. Birthplace St. Clair MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Fred Bohm
13. Birthplace St. Louis County MO
(City, town, or county) (State or foreign country)
14. Maiden name Doc Lena Bailey
15. Birthplace St. Clair MO
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Alva Hansel
(b) Address St. Clair Mo

17. (a) Burial (b) Date thereof 1-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion St. Clair Mo

18. (a) Signature of funeral director Ed. J. J. J.

(b) Address St. Clair Mo

19. (a) 1-8-1947 (b) Ed. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town St. Clair Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-7 day 7 year 1947 hour 1 minute 5-2 M.

21. I hereby certify that I attended the deceased from 9-3-16 to 1-7-47 1947
that I last saw her alive on 1-6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuber culosis lungs
Duration 5 1/2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature W.E. Mitchell (M, D or other) _____

Address St. Clair Date signed 1/7/47

RECEIVED
District Health Officer No. 91
District No. 2-14-47
District No. 2-14-47

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. M. Lerot*
Licensed Embalmer No. 3601
P. O. Address *St. Clair, 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.