

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10936

State File No.

Registrar's No. **3191**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Ca. 830I VanBuren
(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

3. (a) PRINT FULL NAME **Carl J. 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 **Married**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 16 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 II 7 hr. min.

9. Birthplace **Marguand Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Waiter**

11. Industry or business _____

12. Name **John Hansen**
 13. Birthplace **Denmark**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Rhodes**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lydia Valentine**
 (b) Address **830I Van-Buren**

17. (a) **Burial** (b) Date thereof **3-26-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem**

18. (a) Signature of funeral director **Schumacher Und Co.**
 (b) Address **3013 Meramec st.**

19. (a) **Mar 26 1947** (b) **J. F. Bradeck**
(Date of death certified) (Registrar's signature)

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. **830I Van-Buren**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **23**
 year **1947** hour **9** minute **P** M.
 21. I hereby certify that I attended the deceased from **February 18**
 19 **47**, to **Mar 23** 19 **47**
 that I last saw him alive on **Mar 23** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Auricular Fibrillation** Duration **2 weeks**
Acute Myocarditis
 Due to **Acute Bronchitis** **4 weeks**
 Due to _____
 Other conditions **Chronic Otitis Media** **since a boy**
(Include pregnancy within 3 months of death) **Physician**
Epilepsy, Chronic Nephritis
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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) **no**
 (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) _____
 Means of injury _____
 23. Signature **Leroy Ellison** (M. D. or other) **MD**
 Address **3610 56th roadway** Date signed **3-29-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

36015. B...
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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 Francis Williamson

Licensed Embalmer No. 3565

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.