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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10938

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2588

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deslogge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 2 37
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1824 Oregon St 9 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hansen, Lillian M.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry C. Hansen
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 28 (Day) 1878 (Year)
8. AGE: Years 68 Months 9 Days 12 If less than one day hr. min.
9. Birthplace Middletown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Niccum
FATHER 13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Mowry
MOTHER 15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Henry C. Hansen
(b) Address 1824 Oregon St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) MAR 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1947 hour 1:10 minute A. M.
21. I hereby certify that I attended the deceased from 7 March, 1947, to 10 March, 1947, that I last saw her alive on 9 March, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Lobar pneumonia	
Due to: 108	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy Lobar pneumonia

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 0
23. Signature Thomas W. Parker (M. D. or other)
Address 1325 So. Grand Blvd. St. Louis Mo. Date signed 11 Mar 47

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.