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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25591

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6817

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2209 So. 11th St.
(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
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2209 So. 11th St. 9
(If rural, give location) 23
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lulu Hanson
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Hanson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 10 (Day) 1882 (Year)

8. AGE: Years 64 | Months 8 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Seamstress
11. Industry or business .....
12. Name John Braden
13. Birthplace Bremen (City, town, or county) Germany (State or foreign country)
14. Maiden name Annie Trampe
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
(FATHER / MOTHER)
16. (a) Informant John Braden
(b) Address 4253 McRee Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 (Month) 4 (Day) 7 (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Chas. A. Bell
(b) Address 4457 Washington Blvd
19. (a) JUL 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1947 hour 18 minute ..... M.
21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Decompensated	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 .....

23. Signature Fred Perry (M. D. or other)
Address [illegible] Date signed 7/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. 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.