No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 110642

FILED MAR 22 1948

Registration District No. 318

Primary Registration District No. 6076 ~~1005~~

Registrar's No. 637

6
0
0

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis~~ Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5217 Hamilton Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town ~~St. Louis~~ Jennings, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5217 Hamilton Ave. 96
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME George L. Hanson
3. (b) If veteran, name war .....
3. (c) Social Security No. 197-01-4375

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Ada E. Hanson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan. (Month) 29 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	4	..... hr. ..... min.

9. Birthplace Davisville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Inspector
11. Industry or business Carter Carburator Co.

FATHER
12. Name Isaac Hanson
13. Birthplace ..... (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Mary Huitt
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Ada E. Hanson
(b) Address 5217 Hamilton Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAR 5 1948 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature) MBK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar. 3, 1948 to Mar 3, 1948
that I last saw him alive on March 3, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 hrs.
Due to Myocarditis	10 yrs
Due to 93 d	
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 0

23. Signature Albert Wall (M. D. ~~or other~~) M.D
Address 5322 Helen Date signed 3/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 6 1948

8:30 to 10 A.M.
3 to 4 P.M.

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.....Albert R Thompson Jr

Licensed Embalmer No.....42 37

P. O. Address.....St. Louis

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.