No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42075

FILED DEC 31 1948

Registration District No. 318 317 Primary Registration District No. 1003 6576 Registrar's No. [illegible]

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~Saint Louis, Missouri~~ Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5263 Hodiamont Avenue
(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 Missouri (b) County St Louis 96
(c) City or town ~~Saint Louis~~ Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5263 Hodiamont Avenue
(If rural, give location)
N R,
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ellis G. Hanson
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Hanson nee Laramore
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 2nd, 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	63	5	13	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Hoisting Engineer
11. Industry or business St. Louis Steel & Erection Co.
FATHER
12. Name Isaac Hanson
13. Birthplace ..... (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Mary Huitt
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Nora Hanson
(b) Address 5263 Hodiamont Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) NOV 16 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1948 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sep 9- 1948 to Nov. 15- 1948 that I last saw him alive on Nov. 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tbc.	10 yrs
Due to	
Due to	
Other conditions Tbc. of left Hip (Include pregnancy within 3 months of death)	1 yr.

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 Kaplan (M. D. ~~or other~~)
Address 607 N. Grand Date signed 11-16-48

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

Dr. Albert Kaplan,
University Club Bldg.,
Lu. 4000 12 to 2 P. M. Daily

JAN 3 1949

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 John A. Mclean

Licensed Embalmer No. 4186

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.