

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28124

State File No. 7517

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS,  d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL # 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS,  d. STREET ADDRESS (If rural, give location) 4408 WEST FLORISSANT AVE			
3. NAME OF DECEASED (Type or Print) a. (First) LAURITS b. (Middle) P. c. (Last) HANSEN			4. DATE OF DEATH (Month) (Day) (Year) AUG 29, 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9/5/1892	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCH FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY T. R. R. A.		11. BIRTHPLACE (State or foreign country) DENMARK	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CAROL HANSEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) WORLD # 1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CAROL HANSEN 4408 W. FLORISSANT AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 7		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fractured skull causing cerebral and subdural hemorrhage suffered due to accident 6:45 pm Aug 26 1949 on Hazel Ave 10 feet west Arlington Ave, on Terminal Railroad II. OTHER SIGNIFICANT CONDITIONS Fract #1 while switching freight cars with Diesel Engine unbraked Engine Moyer, fireman accident				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT (Specify) SHOCK HOMICIDE		21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Railroad track		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 195			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Aug 26 49 6:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edmond G. Gaston				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-1-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. AUG 30 1949		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE			

(Licensed Embalmer's Statement on Reverse Side)

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

1001-6 1945

NOV 18 1945

81

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ben Hoffma*  
Licensed Embalmer No. *4366*

P. O. Address *Waukegan, Ill.*

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.