

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35200

State File No. 88229

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital		f. STREET ADDRESS (If rural, give location) N.R. 308 E. Adams Ave.	

3. NAME OF DECEASED a. (First) CHRISTINE b. (Middle) HANSEN c. (Last) HANSEN			4. DATE OF DEATH OCT. 10, 1949 (Month) (Day) (Year)					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 14, 1870	9. AGE (In years last birthday) 78	10. MONTHS 9	11. DAYS 26	12. HOURS 26	13. MIN. 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Denmark		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME ? Martensen		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Hansen (Dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eleanor Hansen, Kirkwood, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 8 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Rectum			15 mos
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION Oct 9th		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) w		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) w		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hb	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? no 15HX	

22. I hereby certify that I attended the deceased from Oct. 7, 1949, to Oct. 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE Henry J. Thym M.D. (Degree or title)		23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 10/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/14/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		DATE REC'D BY LOCAL REG. OCT 14 1949		REGISTRAR'S SIGNATURE J. B. Lassiter	
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.		ADDRESS Kirkwood, Mo.			

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

6288

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 Peter B Dubrouille

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, W.

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.