

FILED OCT 19 1943

STANDARD CERTIFICATE OF DEATH

State File No. **35890**
Registrar's No. **4150**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Hgts.		c. LENGTH OF STAY (in this place) 73 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Hgts.		d. STREET ADDRESS (If rural, give location) Old Dorsett & Harlem
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Dorsett & Harlem ave.					

3. NAME OF DECEASED (Type or Print) Lillie Hansen			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 10, 1876		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hansen		13b. MOTHER'S MAIDEN NAME Mary Reiff		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Hansen Old Dorsett & Harlem		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 7 DAYS
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC VALVULAR HEART DISEASE 10 YEARS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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?		

22. I hereby certify that I attended the deceased from **OCT. 7, 1949**, to **OCT 13, 1949**, that I last saw the deceased alive on **OCT 13, 1949**, and that death occurred at **11:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. A. Barnick D.O.		23b. ADDRESS 6651 Enright	23c. DATE SIGNED 10-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. 10/14/49	REGISTRAR'S SIGNATURE Herbert W. Wombe	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ortmann Funeral Home Overland Mo.		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Al C. Ortmann

Licensed Embalmer No. 3478

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.