

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18831

FILED JUN 7 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 363 Registrar's No. 2345

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) 87 OR Affton 4870	
c. LENGTH OF STAY (In this place) 8 wks		d. STREET ADDRESS (If rural, give location) 9145 Overton Dr. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JEWELE b. (Middle) Edith c. (Last) HANSEN			4. DATE OF DEATH (Month) (Day) (Year) June 2 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Mar. 4, 1885		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Doty		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Alfred Hansen	
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 Alfred Hansen 9145 Overton Dr.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall bladder metastatic to lung.		INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 4-9-, 1951, to 6-2-, 1951, that I last saw the deceased alive on 6-2-, 1951, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) D. M. D.		23b. ADDRESS 601 S. Brandwood Clayton 5, Mo.		23c. DATE SIGNED 6-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/5/51		24c. NAME OF CEMETERY OR CREMATORY St Peters Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis County, Mo.					

DATE REC'D BY LOCAL REG. 6-4-51		REGISTRAR'S SIGNATURE Hubert P. Donke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois	
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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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.