

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37151**

OCT 29 1952

BIRTH NO. **59458** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2453**

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CLAIR 0360			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location) RURAL 1			
3. NAME OF DECEASED (Type or Print) a. (First) Jody			b. (Middle) Hansel		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10-13-52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 9-15-52	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. CLAIR MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WALTER HANSEL		13b. MOTHER'S MAIDEN NAME MARY VAUGHN		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 WALTER HANSEL		ADDRESS ST. CLAIR MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA				INTERVAL BETWEEN ONSET AND DEATH 1 DAY			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) DIARRHEA & MALNUTRITION				DUE TO (c)		3 weeks	
DUE TO (c) ANASARCA				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 10-2, 1952 , to 10-13, 1952 , that I last saw the deceased alive on 10-13, 1952 , and that death occurred at 9:00 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patricia Brennan M.D.				23b. ADDRESS St. Marys Hosp. St. Louis		23c. DATE SIGNED 10-13-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-15-52		24c. NAME OF CEMETERY OR CREMATORY Mt. ZION		24d. LOCATION (City, town, or county) (State) ST. CLAIR MO	
DATE REC'D BY LOCAL REG. 10/14/52		REGISTRAR'S SIGNATURE Hubert R. Dombus - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Chas. E. Knox		ADDRESS St. Clair MO.	

P.T. (Licensed Embalmer's Statement on Reverse Side)

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 _____

NOT EMBALMED

working under my personal supervision.

Student Embalmer No.

Signed *K. M. Ernst*

Signed.....
Student Embalmer.

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, 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.