

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30031

State File No.

FILED AUG 26 1953
BIRTH NO. 46915 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7223

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2079</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS,</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>DEPAUL HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GERRY</u>		b. (Middle) <u>GLEN</u>	
		c. (Last) <u>HANSEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24, 1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>7/13/53</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHRISTAN HANSEN JR.</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY WOLFMAYER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CHRISTAN HANSEN JR</u>		ADDRESS <u>4627 SANFRANCISCO AVE</u>			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aspiration</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>post op esophageal anastomosis</u>		<u>5 days</u>	
		DUE TO (c) <u>esophageal atresia</u>		<u>10 days</u>	
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 <u>tracheal fistula + esophageal atresia</u>		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) <u>756-2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7/13, 1953, to 7/23, 1953, that I last saw the deceased alive on 7/23, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jackson</u> (Degree or title)		23b. ADDRESS <u>674 No name</u>		23c. DATE SIGNED <u>7/24/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>JUL 24 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u> ADDRESS <u>4600 NATURAL BRIDGE AVE</u>	
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(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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R.V. Buchanan
Strook - Carroll
Strook
Licensed Embalmer No.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.