V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41556

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2942

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1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5315 CABANNE AVE 2059

3. NAME OF DECEASED (Type or Print)
a. (First): PERRY
b. (Middle): McCLEAN
c. (Last): HANSON.

4. DATE OF DEATH (Month) (Day) (Year): 11-13-1953

5. SEX: Male 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 24, 1889
9. AGE (In years last birthday): 63 — 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): Better Business Bureau
10b. KIND OF BUSINESS OR INDUSTRY: ⟷ SOLICATED NEW MEMBERSHIPS
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Peter Hanson.
13b. MOTHER'S MAIDEN NAME: Elizabeth Burton.
14. NAME OF HUSBAND OR WIFE: Mabel Miller Hanson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-01-2471
17. INFORMANT'S SIGNATURE OR NAME: Robert M. Hanson. ADDRESS: St. Louis, 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, 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 the Kidney — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): secondary. Carcinoma of the prostate — 6 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 180X

19a. DATE OF OPERATION: July 20 1953
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of kidney
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* Nov. 14, 1953, *that I last saw the deceased alive on* Nov. 13, 1953, *and that death occurred at* 1:35A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Augustine Jones (Degree or title) M.D.
23b. ADDRESS: 634 N Grand
23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/1953
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 11/14/53
REGISTRAR'S SIGNATURE: Wechert B. Somke MD
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. Lupton & Sons. ADDRESS: 7233 Delmar Blvd

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.