

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45339**
Registrar's No. **12248**

FILED JAN 19 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4406a Arsenal		e. STREET ADDRESS (If rural, give location) 16 4406a Arsenal		21690	
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) C.		c. (Last) Hansen	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1953		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 13, 1911		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10b. KIND OF BUSINESS OR INDUSTRY Building Trades		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Arthur C. Hansen		13b. MOTHER'S MAIDEN NAME Hilda Besse	
14. NAME OF HUSBAND OR WIFE Mary E. 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. 498-07-4056	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hilda Bard, 4406a Arsenal		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bronchial Asthma - Intrinsic		INTERVAL BETWEEN ONSET AND DEATH 11 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale		MEDICAL CERTIFICATION	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X	
22. I hereby certify that I attended the deceased from early Oct. , 1953, to Dec 28 , 1953, that I last saw the deceased alive on 12/23 , 1953, and that death occurred at 6 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE James A. Hutchinson, M.D.		23b. ADDRESS 114 North Taylor		23c. DATE SIGNED 12/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-30-53		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 28 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary, 6464 Chippewa St. St. Louis 9, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. H. Hutchinson
114 N. Taylor
Je. 8600

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..... *Harry J. Lehman*
Licensed Embalmer No. *2679*
P. O. Address *709 S. Broad*

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.