

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2611

State File No.

BIRTH NO. 96590-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0056

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>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 490</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>109 Horn ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u>			b. (Middle) <u>----</u>		c. (Last) <u>Hanson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>December 20, 1954</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>14</u> IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Leonard Hanson</u>			13b. MOTHER'S MAIDEN NAME <u>Isabelle Yenicek</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Hanson 109 Horn ave. Lemay 23, Mo.</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>Pneumonia, pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute non-specific diarrhea.</u> DUE TO (c) <u>@ i worked for 35 wks. (with 4/16 4/2)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>36 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7645</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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?					
22. I hereby certify that I attended the deceased from <u>12/20</u> , 19 <u>54</u> , to <u>1-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>55</u> , and that death occurred at <u>10:45 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Imelda A. ...</u>			23b. ADDRESS <u>3804 Wilkeson Ave</u>			23c. DATE SIGNED <u>1/4/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7810 Genesta ave.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 4 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U.&L.Co. 7814 S. Broadway</u>					

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

Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 Broadway*

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.