

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44929**

BIRTH NO. **99429-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3089**

1. PLACE OF DEATH a. COUNTY ST. LOUIS -		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY [REDACTED]	
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS	c. LENGTH OF STAY (in this place) 6 DAYS	d. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSP.		e. STREET ADDRESS (If rural, give location) 3240 SUSON COURT	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) MARION c. (Last) HANSON	4. DATE OF DEATH (Month) (Day) (Year) DEC. 29, 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED.	8. DATE OF BIRTH DEC. 23 1956	9. AGE (In years last birthday) 6 If UNDER 1 YEAR: Months 6 Days 6 Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT -	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) RICHMOND HEIGHTS, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ROBERT B. HANSON	13b. MOTHER'S MAIDEN NAME IMOGENE RECTOR	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 ADDRESS ELLEN HANSON 3240 SUSON COURT

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		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital alectasia ANTECEDENT CAUSES congenital heart disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 7544	20. AUTOPSY? YES <input checked="" 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) 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 **Dec 27, 1956** to **Dec 29, 1956**, that I last saw the deceased alive on **Dec 28, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John H. Davis (Degree or title) M.D.	23b. ADDRESS 35 N. Central	23c. DATE SIGNED Dec 29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 31, 1956	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. 12-29-56	REGISTRAR'S SIGNATURE Herbert R. Tomke	EMERALD DIRECTOR'S SIGNATURE Wm. H. Croghan Jr.	ADDRESS 7146 MANCHESTER AV. ST. LOUIS, 17, MO
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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

Not Embalmed
M J Dougherty
Signed

.....
Signed

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.