

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045753

STATE FILE NUMBER

12060

8  
95439-58  
FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

|  |                              |   |   |   |  |
|--|------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |                              | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Louis City Hosp. #1</b>   |                              | Length of stay in 1b  | d. STREET<br>ADDRESS <b>1714 S. 10th St.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Butz</b> Middle <b>Ann</b> Last <b>Hanson</b>   |                              |   | 4. DATE<br>OF<br>DEATH<br>Month <b>Dec.</b> Day <b>11</b> Year <b>1958</b>  |   |  |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 11, 1958</b>  |   | 9. AGE (In years<br>last birthday)<br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min.<br><b>4</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>   |                              | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>unknown</b>   |                              | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Jane Hanson</b>  |   | 14. NAME OF HUSBAND OR WIFE               |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br>Address<br><b>Marie Rothwell 2331 Mullanphy St.</b>  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CONGENITAL ATELECTASIS OF LUNGS</b>  |                              |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hours</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) <b>762.0</b>   |                              |   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>SINGLE ATRIVM; I.V. SEPTAL DEFECT; MULTIPLE CONGENITAL ANOMALIES</b>                         |                              |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                              |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                |   |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____  |                              |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                              | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |  |
| 21. I attended the deceased from _____ to <b>Dec. 11, 1958</b> and last saw her alive on <b>Dec. 11, 1958</b><br>Death occurred at <b>8:54</b> Pm on the date stated above; and to the best of my knowledge, from the causes stated. |                              |   |   |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>V.H. Peden, M.D.</b>   |                              |   | 22b. ADDRESS<br><b>1515 Lafayette Ave.</b>  |   | 22c. DATE SIGNED<br><b>12/12/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |                              | 23b. DATE<br><b>12-15-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Cullen &amp; Kelly 7267 Natural Bridge</b>  |                              |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 15 '58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith M.D.</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 James A. Lammie.....

Licensed Embalmer No. 4142  
P. O. Address St. Louis

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.