

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003019
STATE FILE NUMBER
2 943

FILED FEB 10 1959 Registration District No. Primary Registration District No. Registrar

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1-57
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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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4264 RED BUD AVE		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 7107 ADDRESS 4264 RED BUD AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last OSCAR J. HANSEN			4. DATE OF DEATH Month Day Year JAN 26 1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 19 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, if not retired) ASSISTANT TO BROKER	10b. KIND OF BUSINESS OR INDUSTRY INVESTMENTS	11. BIRTHPLACE (City and state or country) PITTSBURGH, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME REV. HENRY HANSEN	13b. MOTHER'S MAIDEN NAME THRESA GIESEKING	14. NAME OF HUSBAND OR WIFE BERTHA STEINBRUECK
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT REV. PAUL HANSEN Address 4264 RED BUD AVE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of stomach with metastasis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Bowel Obstruction</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>151x</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>3-15-57</i> to <i>1-26-59</i> and last saw ^{her} him alive on <i>1-26-59</i> Death occurred at <i>11:00 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John P. Harris MD</i> (Degree or title)	22b. ADDRESS <i>6826 Natural Bridge</i>	22c. DATE SIGNED <i>1-27-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN 29 1959	23c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MISSOURI
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24. FUNERAL DIRECTOR BEIDERWIEDEN F, H, INC., 1936 ST. LOUIS AVE	25. DATE RECD. BY LOCAL REG. JAN 27 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Embalmer's License

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 _____

: Licensed Embalmer No. 1/5 300
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.