

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017600

FILED VS APR 29 1960

STATE FILE NUMBER

RECEIVED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1277

| | | | |
|-------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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 Clayton | | Length of stay in 1b HRS. | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6621 Villa |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last GRACE LEONA HANSEN | | | 4. DATE OF DEATH Month Day Year April 10, 1960 | | |
|---------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------|--|--|

| | | | | | | |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|----------------|
| 5. SEX Female | 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 10/30/88 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|----------------|

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|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswomen | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|

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|------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| 13a. FATHER'S NAME John Sexton | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE George Hansen |
|------------------------------------------|---------------------------------------------|-----------------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|
| 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. Yes (Unk) | 17. INFORMANT Address George Hansen, 6621 Villa, St. Louis |
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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) Coronary Thromboses | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Heart Disease | |
| | DUE TO (c) Fibrillation 420.1 | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| 19. WAS AUTOPSY PERFORMED? YES <input 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.) None |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

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|------------------------------------------------------|------------------|
| 20c. TIME OF INJURY Hour s.m. p.m. None | Month, Day, Year |
|------------------------------------------------------|------------------|

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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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 St. Louis | COUNTY St. Louis Co. | STATE Mo. |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|---------------------|

21. I attended the deceased from Sept 1957 to 11/9/60 and last saw ^{her} _{him} live on 1/9/60
 Death occurred at 4/10/60 on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|------------------------------------------------------------------|----------------------------------------|--------------------------------------------|
| 22a. SIGNATURE (Degree or title) Preston C. Hall, M.D. | 22b. ADDRESS 3102a Lafayette | 22c. DATE SIGNED (State) 4/12/60 |
|------------------------------------------------------------------|----------------------------------------|--------------------------------------------|

| | | | |
|------------------------------------------------------------|-----------------------------|------------------------------------------------------------|--------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/13/60 | 23c. NAME OF CEMETERY OR CREMATORY Lakewood Park | 23d. LOCATION (City, town, or county) St. Louis Co., Mo. |
|------------------------------------------------------------|-----------------------------|------------------------------------------------------------|--------------------------------------------------------------------|

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|------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| 24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette, (4) | 25. DATE RECD. BY LOCAL REG. APR 12 1960 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
|------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. PRESTON HALL

JUL 28 1960

3902 LAFAYETTE

11¹¹ - 1^{PM} - TUESDAY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. G. Farris

Licensed Embalmer No. 3384

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.

JUL 28 1960