

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040633

FILED VS NOV 9 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3193

STATE FILE NUMBER

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cool Valley		Length of stay in 1b 1 Month	c. CITY OR TOWN Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hill Top Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8335 Hawkberry Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Minnie Middle C. Last Hansen			4. DATE OF DEATH Month 11 Day 4 Year 60			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-26-69	9. AGE (last birthday) 91	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Marstal, Denmark	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Mullmann		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frederick Hansen		
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 Edward Hansen Ferguson, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH - ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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	
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.)		
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year					
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	COUNTY	STATE		
21. I attended the deceased from Sept. 1, 1960 to Nov. 4, 1960 and last saw her ^{her} _{him} alive on Nov. 4, 1960 Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Do not use title) John G. McInerney MD			22b. ADDRESS 5014 Thekla Av.		22c. DATE SIGNED 11/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-5-60	23c. NAME OF CEMETERY OR CREMATORY Springwell Cemetery	23d. LOCATION (City, town, or county) Omaha, Nebraska			
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Brg.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-4-60	26. REGISTRAR'S SIGNATURE John G. McInerney MD		

83. Belman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by my self _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinholt K. Lohman

Licensed Embalmer No. 339

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.