

AMENDED **318** Primary Registration District No. **1003** Registrar's No. **6615** - **61-026867** STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in lb \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Webster Groves** Inside Limits Yes  No   
 d. STREET ADDRESS **88 N. Gore** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ROBERT** Middle **NMN** Last **HANSON** 4. DATE OF DEATH Month **JULY** Day **14** Year **1961**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-25-1873** 9. AGE (last birthday) **88**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Real Estate & Ins.** 10b. KIND OF BUSINESS OR INDUSTRY **Self emp.** 11. BIRTHPLACE (City and state or country) **Denmark** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Wood W. Hanson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Pauline Larrabee** Address **5570 Cates Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I: DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **CARCINOMA OF URINARY BLADDER** INTERVAL BETWEEN ONSET AND DEATH **2 YEARS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_ **1810**

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **PULMONARY EMBOLI SECONDARY TO PHLEBOTHROMBOSIS** PART III: If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **JULY 13, 1961** to **JULY 14, 1961** and last saw her/him live on **JULY 14, 1961**  
 Death occurred at **1:10 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **C. E. Vennillan, M.D.** (Degree or title) 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **7/15/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-17-1961** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 23d. LOCATION (City, town, or county) **Kirkwood Mo.** (State)

24. FUNERAL DIRECTOR **Parker-Aldrich Webster Groves Mo.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **JUL 17 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DATE AMENDED \_\_\_\_\_  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS \_\_\_\_\_  
 INSTEAD OF \_\_\_\_\_  
 DOCUMENT \_\_\_\_\_  
 MEDICAL CERTIFICATION \_\_\_\_\_  
 SHOULD READ \_\_\_\_\_  
 ITEM NO. \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_

No. 100

Walter Groves

58 W. Gore

88 7-17-1901 M

USA DENMARK GERMANY GREAT BRITAIN

Wood W. Hanson UNKNOWN

7770 Gates Ave. +26-36-023

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 ~~John~~ Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Holster Grove

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.

USA DENMARK GERMANY GREAT BRITAIN

Walter Groves