

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024700

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6148**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 2 1962**

VS 300  
Rev. 4/59

1  
2 **222**  
3  
4 **0**  
5 **1**  
6  
7 **0**  
8 **2**  
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11  
12 **75**  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <b>St. Louis, MO</b> <b>St. Louis City Hosp. #1.</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1250 Chouteau</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>M.</b> Last <b>Hanson</b>		4. DATE OF DEATH Month <b>June</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/31/08</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>	9. AGE (last birthday) <b>53</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <b>Michael Hansen</b>		11b. MOTHER'S MAIDEN NAME <b>Emma Bauer</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. NAME OF HUSBAND OR WIFE <b>Irene Hansen</b>		14. NAME OF HUSBAND OR WIFE <b>Irene Hansen</b> INFORMANT Address <b>Irene Hansen-1250 Chouteau</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>mesenteric Vascular Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>450.0</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arteriosclerotic heart disease.</b>			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 <b>6/9/62</b> to <b>6/18/62</b> and last saw her/him alive on <b>6/18/62</b> Death occurred at <b>9:10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Mary C. Zimmerman M.D.</b>	
22b. ADDRESS <b>1515 Lafayette Ave.</b>		22c. DATE SIGNED <b>6/18/62</b>	
23a. BURIAL, CREMATION, REMAINS (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
24. FUNERAL DIRECTOR <b>McLaughlin Funeral Home</b> ADDRESS <b>2301 Lafayette</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 21 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Head Smith</b>		27. REGISTRAR'S SIGNATURE <b>1003</b>	

2 IMMEDIATELY, MARY  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 A. G. Jarvis

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.