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S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23757
Registrar's No. 6202

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 16 Days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits write "RURAL")
(d) Street No. 625a North Third St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Hansel 524
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased December 15, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	12	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nil.
11. Industry or business ---
MOTHER FATHER
12. Name Peter Hansel
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Barbara (Unknown)
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Anna Morrison
(b) Address City Hospital, #1
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory
18. (a) Signature of funeral director W. F. White
(b) Address City Hospital No. 1
19. (a) JUL 26 1940 (Date received local registrar) (b) J. F. Budnik (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27, year 1940 hour 5:15 minute P. M.
21. I hereby certify that I attended the deceased from May 11, 1940 to June 27, 1940; that I last saw him alive on June 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis with Infarction	4 days
Due to: Arteriosclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral thrombosis	1 mo.
Thrombosis of Rt Iliac artery	1 mo.

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Walter Ford (M. D. or other)
Address 1515 Lafayette, Date signed 6/28/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.