

# Gertrude Kessler Hanson

[Memorial](#)[Photos](#)[Flowers](#)[Share](#)[Edit](#)

[Learn about upgrading this memorial...](#)

Birth: Feb. 16, 1856  
Maxville (Jefferson County)  
Jefferson County  
Missouri, USA

Death: Aug. 13, 1940  
St. Louis City  
Missouri, USA

Married to Andreas Hansen, mother of five children: Clara, Michael, Andrew, Henry, and Lena. Daughter of Michael Kessler and Clerissa Zinzer.

## Family links:

### Parents:

Michael Kessler (1815 - 1898)  
Clerissa *Zinzer* Kessler (1820 - 1901)

### Spouse:

Andrew Hanson (1847 - 1919)

### Children:

Michael Hanson (1878 - 1951)\*  
Henry J Hanson (1880 - 1957)\*  
Andrew F Hanson (1887 - 1919)\*

### Siblings:

Elizabeth Katharine *Kessler* Steckel (1846 - 1927)\*  
Adam Kessler (1847 - 1903)\*  
Mary Margaret Kessler (1852 - 1857)\*  
Henry Philip Kessler (1853 - 1934)\*  
Gertrude *Kessler* Hanson (1856 - 1940)  
Clara *Kessler* Becker (1858 - 1943)\*  
Michael Kessler (1865 - 1872)\*

\*[Calculated relationship](#)

Burial:

[Mount Olive Catholic Cemetery](#)

Lemay

St. Louis County

Missouri, USA

Plot: Sec 1 Lot 512

GPS (lat/lon): [38.53617, -90.29427](#)

[Edit Virtual Cemetery info](#) [?]

Created by: [Momstore](#)

Record added: Sep 13, 2009

Find A Grave Memorial# 41897461



Added by: [Karl Kleen](#)



Added by: [Karl Kleen](#)



Cemetery Photo  
Added by: [Connie Nisinger](#)

SEP 25 1940  
Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution: **City Infirmary**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 yr. 2 mo. 19 days**

In this community **80 years**

(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Gertrude Hansen**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Unknown ANDREW**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 16 1856**

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>84</b>	<b>5</b>	<b>28</b>	_____ hr. _____ min.

9. Birthplace **Maxwell Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Michael Kessler**

13. Birthplace **Unknown Germany**

(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **J. D. Sullivan**

(b) Address **5800 Arsenal St.**

17. (a) **BURIAL**

(Burial, cremation, or removal)

(b) Date thereof **Aug. 16. 40**

(Month) (Day) (Year)

(c) Place: burial or cremation **St. OLIVE CEMETERY**

18. (a) Signature of funeral director **C. Hoffmeyer**

(b) Address **7814 S. Burn**

19. (a) **AUG 15 1940**

(Date received local registrar)

(b) **J. P. Bredeck**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**

(If outside city or town limits, write "RURAL")

(d) Street No. **5800 Arsenal**

(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13**

year **1940** hour **11:25** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **May 25, 1939** to **August 13, 1940**

that I last saw her alive on **August 13, 1940**

and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  Duration \_\_\_\_\_

**heart disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Broncho pneumonia**

(include pregnancy within 3 months of death)

**senility, arteriosclerosis**

Major findings \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **as given above**

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)

(a) Means of injury \_\_\_\_\_

23. Signature **J. P. Maxwell** (M. D. or other) \_\_\_\_\_

Address **5600 A. road, St. Louis** Date signed **8/14/40**

PHYSICIAN

Underline the cause to which death should be charged statistically