

Henry J Hanson

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Birth: Mar. 18, 1880
Saint Louis
St. Louis City
Missouri, USA

Death: May 11, 1957
Saint Louis
St. Louis City
Missouri, USA



Cemetery Photo

Family links:

Parents:

[Andrew Hanson \(1847 - 1919\)](#)

[Gertrude Kessler Hanson \(1856 - 1940\)](#)

Siblings:

[Michael Hanson \(1878 - 1951\)*](#)

[Henry J Hanson \(1880 - 1957\)](#)

[Andrew F Hanson \(1887 - 1919\)*](#)

[*Calculated relationship](#)

Note: PVT US Army Spanish American War

Burial:

[Jefferson Barracks National Cemetery](#)

Lemay

St. Louis County

Missouri, USA

Plot: Section OPS3 Site 2510F

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

Created by: [Tami Glock](#)

Record added: Mar 02, 2012

Find A Grave Memorial# 86150668

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC- 2344684
SL- 2777 FILED MAY 27 1957

318

1003

STATE FILE NUMBER

18753

4528

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		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 915 N. GRAND, ST. LOUIS MO		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 3000 PARK	

3. NAME OF DECEASED (Type or print) First Middle Last HENRY HANSON			4. DATE OF DEATH Month Day Year 5-11-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-18-80	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD AGENT		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ANDREW HANSON			14. MOTHER'S MAIDEN NAME GERTRUDE KESSLER		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address MISSOURI VA HOS P. REDORDS. 915 N GRAND, S T. LOUIS.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 16 hrs.
DUE TO (b) Arteriosclerotic heart disease		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 420.0	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
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. Attended the deceased from 5-10-57 to 5-11-57 and last saw him/her alive on 5-11-57 Death occurred at 11:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE R. H. Burmeister	22b. ADDRESS VAH. ST. LOUIS, MISSOURI	22c. DATE SIGNED 5-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/14/57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. MAY 13 '57	26. REGISTRAR'S SIGNATURE J. Cash Smith Mo

CLEARED THROUGH THE CORONERS OFFICE BY DR. GANTZ

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

mjb.