

# Michael Hanson

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Birth: Nov. 9, 1878  
St. Louis City  
Missouri, USA

Death: Oct. 25, 1951  
St. Louis City  
Missouri, USA

Son of Andreas Hansen and Gertrude Kessler.  
Husband of Emma Marx and Daisy.

#### Family links:

##### Parents:

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

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

##### Spouse:

[Emma Marx Hanson \(1881 - 1911\)\\*](#)

##### Siblings:

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

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

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



Cemetery Photo

Added by: [Melvin F. Weiss](#)

[\\*Calculated relationship](#)

#### Burial:

[Saint Matthew Cemetery](#)

Saint Louis

St. Louis City

Missouri, USA

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Created by: [Momstore](#)

Record added: Sep 13, 2009

Find A Grave Memorial# 41897702

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35117

FILED NOV 8 1951

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State File No. \_\_\_\_\_

Registrar's No. 9480

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 9480		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3450 Dunnica				1/b STREET ADDRESS (If rural, give location) 3450 Dunnica 0				
3. NAME OF DECEASED (Type or Print) Michael Hanson			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 10/25/51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Nov. 9, 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Andrew Hanson			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Daisy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Dolores D. Petrowicz-3450		ADDRESS Dunnica		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 2 1				
22. I hereby certify that I attended the deceased from Jan 19 57, to Oct 25, 19 57, that I last saw the deceased alive on Oct 24, 19 57, and that death occurred at 4:15 p m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS 2800 A Chippewa		23c. DATE SIGNED 10/29/57		
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE 10/29/51		24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. OCT 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helders		ADDRESS 3634 Gravois		

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