

# MISSOURI STATE BOARD OF HEALTH

## - BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... St. Louis Primary Registration District No. 008 File No. 7542  
 City..... (No. 7911 Minnesota av) Registered No. 1591 St. .... Ward)

**2. FULL NAME** Andrew F. Hanson

(a) Residence. No. .... St., 17 Ward. .... (If nonresident give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Hanson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14<sup>th</sup> 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>31</u>	<u>2</u>	<u>29</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) General  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Andrew Hanson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lidumark  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Antonie Kesch  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co.  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Minnie Hanson  
 (Address) 7911 Minnesota av.

15. FILED..... 19..... May 6 Starkloff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1919

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1918, to Feb 12<sup>th</sup>, 1919 that I last saw him alive on Feb 5<sup>th</sup>, 1919, and that death occurred, on the date stated above, at 8:30 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A 78

CONTRIBUTORY (SECONDARY) Tubercular Laryngitis  
 (duration) yrs. 7 mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? microscopic  
 (Signed) Joseph Hardy, M. D.  
Feb 12, 1919 (Address) 7602 S. Bridgway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olive DATE OF BURIAL Feb 15 1919

20. UNDERTAKER R. Hoffmeister U. & L. Co. ADDRESS 7814 So. Bridgway

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

# Andrew F Hanson

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Birth: Nov. 14, 1887  
St. Louis City  
Missouri, USA

Death: Feb. 12, 1919  
St. Louis City  
Missouri, USA

Husband of Minnie Kotz, son of Andreas Hanson and Gertrude Kessler. Died of pulmonary tuberculosis.

#### 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](#)

#### Burial:

[Mount Olive Catholic Cemetery](#)

Lemay

St. Louis County

Missouri, USA

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Created by: [Momstore](#)

Record added: Feb 03, 2013

Find A Grave Memorial# 104575156



Added by: [Carol Beck](#)



Cemetery Photo