

Clarence Hanson

Born in Saint Louis, MO October 31, 1908

Died June 18, 1962

Father: Michael Hanson

Mother: Emma Bauer (Marx)

Note: Emma Bauer is on death certificate but believe it should be Emma Marx.

Married Edna Irene Trinkler ABT 1940

Records in hand

- **Edna Irene's March 20, 1995 obituary.**
- **Clarence Hanson died June 18, 1962 reference Missouri death certificate.**
- **Edna Irene Trinkler Schreiber's husband (George Schreiber) dies in 1939 and she is married to Clarence Hanson in the 1940 census.**
- **Missouri State birth is July 4, 1899.**

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024700

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6148**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962

VS 300
Rev. 4/59

1

2 **222**

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4 **0**

5 **1**

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7 **0**

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11

12 **75**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis, Mo.		a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN St. Louis, MO St. Louis City Hosp. #1.		Length of stay in 1b Life	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1250 Chouteau Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Clarence Middle M. Last Hanson		Month June Day 18 Year 1962	
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 10/31/08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	9. AGE (last birthday) 53
11a. FATHER'S NAME Michael Hansen		11b. MOTHER'S MAIDEN NAME Emma Bauer	11. BIRTHPLACE (City and state or country) St. Louis Mo.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. 494-03-3328	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. NAME OF HUSBAND OR WIFE Irene Hansen		17. INFORMANT Address Irene Hansen-1250 Chouteau	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) mesenteric Vasculay Occlusion			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Arteriosclerosis			
DUE TO (c) 450.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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. I attended the deceased from 6/9/62 to 6/18/62 and last saw her him alive on 6/18/62		Death occurred at 9:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Mary C. Zimmerman M.D.		22b. ADDRESS 1515 Lafayette Ave.	22c. DATE SIGNED 6/18/62
23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE June 21, 62	23c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR McLaughlin Funeral Home		25. DATE RECD. BY LOCAL REG. JUN 21 1962	26. REGISTRAR'S SIGNATURE Head Smith

Z IMPELLMAN, MARY
USE BLACK INK
OR
TYPEWRITER RIBBON