FORM 6

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF DEATH

Registration No. (Department use only)
81-09-006077

03-033

NAME OF DECEASED
1. Surname of deceased (print or type): HANSEN
All given names in full (print or type): Villy Vernon
2. SEX: Male

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): Victoria General Hospital
City, town or other place (by name): Victoria, B.C.
Postal Code: V8V 3B6
Inside municipal limits? (State Yes or No): Yes

USUAL RESIDENCE
4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 918 Collinson Avenue
City, town or other place (by name): Victoria
Postal Code: V8V 3B7
Inside municipal limits? (State Yes or No): Yes
Province (or country): B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): Married
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: ELLERINGTON, Dorothy

OCCUPATION
7. Kind of work done during most of working life: Retired
8. Kind of business or industry in which worked: Seaman

BIRTHDATE
9. Month (by name), day, year of birth: February 2, 1913
10. AGE (years): 68
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

BIRTHPLACE
11. City or place Province (or country) of birth: Copenhagen, Denmark
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band:

FATHER
13. Surname and given names of father (print or type): HANSEN, Unknown
14. BIRTHPLACE – City or place, Province (or country): Denmark

MOTHER
15. Maiden surname and given names of mother (print or type): UNKNOWN, Norah
16. BIRTHPLACE – City or place, Province (or country): Denmark

INFORMANT
17. Signature of informant: X Dorothy Hansen Dorothy Hansen
18. Relationship to deceased: Wife
19. Address of informant: 821 Princess Avenue, Victoria, B.C.
20. Date signed – Month, day, year: April 13, 1981

DISPOSITION
21. Burial, cremation or other disposition (specify): Cremation
22. Date of burial or disposition (month, day, year): April 15, 1981
23. Name and address of cemetery, crematorium or place of disposition: Hatley Crematorium, Colwood, B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): SANDS MORTUARY LIMITED, 1803 Quadra St., Victoria, B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: April 12, 1981
Approx. interval between onset & death:

CAUSE OF DEATH
26. Part I
Immediate cause of death (a): ruptured atherosclerotic
due to, or as a consequence of
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last
(b): aneurysm of abdominal
due to, or as a consequence of
(c): aorta
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above:

AUTOPSY PARTICULARS
27. Autopsy being held? Yes ☒ No ☐
28. Does the cause of death stated above take account of autopsy findings? Yes ☒ No ☐
29. May further information relating to the cause of death be available later? Yes ☐ No ☒

ACCIDENT OR VIOLENCE (If applicable)
30. If accident, suicide, homicide or undetermined (specify): natural causes
31. Place of injury (e.g. home, farm, highway, etc.): Hospital
32. Date of injury (Month (by name), day, year): Hospital
33. How did injury occur? (describe circumstances): Hospital

SURGICAL OPERATION
34. If there was a recent surgical operation give date of operation: None
35. State operative findings: Hospital

CERTIFICATION (attending physician, coroner, etc.)
36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:
Signature (attending physician, coroner, etc.): X E.D. Jorre de St. Jorre
Attending physician ☐ Physician examining body after death ☐ Coroner ☒
37. Name of physician or coroner (print or type): E.D. Jorre de St. Jorre
Address: 1207 Douglas St., Victoria, B.C.
Date: Month, day, year: April 16, 1981

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR
I certify this return was accepted by me on this date at – VICTORIA, B. C.
District Registration No.: 668
Date: Month (by name), day, year: APR 22 1981
Signature of District Registrar: DEPUTY

THIS IS A PERMANENT LEGAL RECORD – TYPE OR WRITE PLAINLY – COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

4-2302-3.14: 16-10-80