# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space. 40424 2 B

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 1003

City St Louis (No. 5708 Theodosia St. ..... Ward)

File No. .....

Registered No. 2

2. FULL NAME Josephine Hackmann

(a) Residence. No. ..... St., 6 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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: Female

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: Henry Hackmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1863

7. AGE: abt. 63 Years — Months — Days — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Edw Barthold

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

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): " "

14. INFORMANT: Henry Hackmann
(Address) 5708 Theodosia

FILED JAN - 1 1927 May C Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): December 30 1926

17. I HEREBY CERTIFY, That I attended deceased from December 15, 1924, to December 30, 1926 that I last saw her alive on December 30, 1926, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo-Carditis (Decompensated) Block Heart, Chronic Arterio Sclerosis, Chronic Interstitial Nephritis, Chronic Hypertension (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): General anasarca, Uremia (duration) 131 yrs. 93 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death.

DID AN OPERATION PRECEDE DEATH? No. DATE OF none.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab.

(Signed) Luke B. Tiernon, M.D.

12/31, 1926 (Address) 3718 Jennings Rd. St. Louis Co. Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters

DATE OF BURIAL: 1-2 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash

...of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3718 Jennings Rd