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

Do not use this space.

File No. 25552
Registered No. 7568

1. PLACE OF DEATH

County.....
Township.....
City St Louis City (No. ..... St. ..... Ward)

Registration District No. 79T
Primary Registration District No. 1003

2. FULL NAME Raymond Hackley Jr

(a) Residence. No. 6402 Hoffman Ave St., 4 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. 7 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):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1926

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	11	19	

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

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

PARENTS

10. NAME OF FATHER Raymond Hackley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fayette Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Annie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oklahoma
(STATE OR COUNTRY)

14. INFORMANT Raymond Hackley
(Address) 6402 Hoffman Ave

15. FILED Aug 16 1928 Mary C Stanley
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1928

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to July 15, 1928, that I last saw h. alive on July 9, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Convulsions, Hydrocephaloid
157A
160B
86 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
at birth (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 159A
IF NOT AT PLACE OF DEATH?.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) J. Wistar White, M. D
July 15, 1928 (Address) 4500 Olive.

*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 Pacific Mo — DATE OF BURIAL July 17 1928

20. UNDERTAKER Theiss Undt Co — ADDRESS Pacific Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD