

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

Do not use this space.

**6836**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No.     ) Sanitarium St.      Ward)     

**2. FULL NAME**

Louis Hack

(a) Residence. No. 3431<sup>2</sup> Texas Ave. 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 27 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 Anna Hack

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>72</u>	<u>11</u>	<u>27</u>	

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.R. Summers  
 (Address) 5300 General St. Louis Mo.

15. FILED W.C. Schreyer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24<sup>th</sup>, 1929, to Feb. 16<sup>th</sup>, 1930, that I last saw him alive on Feb. 16<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho pneumonia  
107H  
160 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senile Dementia  
 (duration) 1 yrs. 1 mos. 27 ds. +

18. WHERE WAS DISEASE CONTRACTED? 1000 W  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS A clinical symptoms  
 (Signed) W.R. Summers, M. D.

7/16. 1930 (Address) 5300 General

\*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 Peter & Paul Ch DATE OF BURIAL 2-19 1930

20. UNDERTAKER Weick Bros ADDRESS 220 1/2 Grand

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

220 - 1000 W

