

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

Do not use this space.

14606

File No. \_\_\_\_\_  
Registered No. 3970 Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis No. 2122 Maumaine St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Idell Hacker  
(a) Residence. No. 4534A Chateau St. 17 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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 8/31 1929, to 4-21 1930 that I last saw her alive on 4-11 1930, and that death occurred, on the date stated above, at 12:15 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1884

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 10 5

Valvular disease of heart  
chronic  
131  
924 (duration)  yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) chronic interstitial nephritis  
(duration)  yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH 129 W

10. NAME OF FATHER Fred Wolf

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER unknown

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Walter M. Jones, M. D.  
, 19 (Address) Walt Bldg 8thous nr

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

14. INFORMANT Daniel J. Hacker  
(Address) 4534A Chateau

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED APR 21 1930 Wm C. Starkey REGISTAR

St. Matthews Cem 4-23 1930  
20. UNDERTAKER Wiegshaan & Co ADDRESS 4228 S. Kingshighway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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