

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

Do not use this space.

1 952

**1. PLACE OF DEATH**

96 County St. Louis  
Township Central  
City Oliver St. rd. (No. Oliver St. rd.)

Registration District No. 789  
Primary Registration District No. 6033B

File No. \_\_\_\_\_  
Registered No. 81  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Oliver H. Hackmann  
(a) Residence, No. Oliver H. Rd. Olivette, Mo. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 7 mos. 3 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 Freda C. Hackmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 Mos. ago 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. L. County, Mo.

13. NAME Herman H. Hackmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crew Coen, Mo.

15. MAIDEN NAME Louise F. Hackmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crew Coen, Mo.

17. INFORMANT Freda C. Hackmann (ADDRESS) Olivette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Church Cemetery DATE 3/27 1933

19. UNDERTAKER (ADDRESS) Funeral Home, Olivette, Mo.

20. FILED 3-25-1933 John Brey M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1932 to March 24 1933  
I last saw him alive on March 24 1933. Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
9:15  
9:30 9:40  
Other contributory causes of importance: Chr. Myocarditis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
Also, specify None  
(Signed) J. M. Donald, M. D.  
(Address) Crew Coen, Mo.

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

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.

APR 28 1933

MARGIN RESERVED FOR BINDING

P. S. NO. 2

02/27/77

2/27/77