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

791
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Do not use this space.

14802

File No.
Registered No. 3316

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hospital St. Ward)
Registration District No.
Primary Registration District No.

#21326

2. FULL NAME Edward Hackett

(a) Residence, No. Municipal Lodging House St., Ward.
(Usual place of abode) 204 N. 14th St.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3rd 1869

7. AGE: Years 64 | Months 1 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

FATHER
13. NAME Patrick Hackett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Katherine Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital Information Phone Lady City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 11 1933

19. UNDERTAKER J. H. Lehkemper & Co.
(ADDRESS) 2543 Metropolitan St.

20. FILED APR 11 1933 Clay Chandler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14th 33, 19..., to April 10th 33, 19..... I last saw h... alive on April 10th 33, 19..... Death is said to have occurred on the date stated above, at 2.00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
1934 23	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Path. Was there an autopsy? Yes

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? No
If so, specify .....

(Signed) J. Malman, M. D.
(Address) City Hospital

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

MARGIN RESERVED FOR BINDING

V. S. No. 1

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15
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Hackett