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

Do not use this space.
42028

JAN 26 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6132, Gamblerton Pl. St. ..... Ward)

File No. ..... Registered No. 11073

2. FULL NAME Abram L. Hacking

(a) Residence, No. 6132 Gamblerton Pl. St., 5 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

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 Mary Louise Hacking

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1864

7. AGE: Years 69 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Manchester, England

FATHER

13. NAME Wm Hacking

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? England

MOTHER

15. MAIDEN NAME Dent Lamour

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? England

17. INFORMANT Mrs. Mary L. Hacking
(ADDRESS) 6132 Gamblerton Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Dec. 27, 1933

19. UNDERTAKER Geo. L. Pheitsch Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED Jan 10, 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July —, 1933, to Dec. 24 —, 1933. I last saw him alive on Dec. 22 —, 1933. Death is said to have occurred on the date stated above, at 9:10 P. m.

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

	Date of onset
Myocarditis Chronic.	July 1933
93U	
135B	
Other contributory causes of importance: Cystitis	Sept 1933

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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? no

If so, specify .....

(Signed) Charles F. Sherwin, M. D.

(Address) 3720 Washington

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

Dr. Chas. F. Atkerson
Beaumont Bldg.
3 to 5

JJ 6744