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.

MAR 25 1936

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

Do not use this space.

8714

1. PLACE OF DEATH
County St Louis
Township Carondelet
City ..... (No. 326 James Str. St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6245 E

File No. .....
Registered No. 66

2. FULL NAME John C. Hacker
(a) Residence, No. 326 James Str. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	71	Unknown		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collar Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather Goods
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) Germany

FATHER
13. NAME Conrad Hacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Albert Hacker
(ADDRESS) 1854 South 18 Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Feb. 18. 1936

19. UNDERTAKER W. C. Maydell
(ADDRESS) 1926 Allen Ave.

20. FILED Feb 17 1936 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1935, to Feb 14 1936
I last saw him alive on Feb 14 1936. Death is said to have occurred on the date stated above, at 2.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart disease, aortic insufficiency & mitral obstruction	4 mo

Other contributory causes of importance: –

Cirrhosis of liver, debility & old age.	4 mo

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

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? .....
If so, specify .....
(Signed) C. G. Biesemeyer, M. D.
(Address) 762 Lemay Ferry Rd