MAY 19 1936

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

Do not use this space.

20696

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 1650 So. 39th St. ..... St. ..... Ward)

File No. .....

Registered No. 4878

2. FULL NAME Elizabeth Hackman

(a) Residence, No. 1650 So. 39th Street 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

3. SEX: Female

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: Alvin F. Hackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 5, 1863

7. AGE: Years 73 | Months 2 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): St. Louis Missouri

FATHER

13. NAME: James Moonan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Jane Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allegheney Pennsylvania

17. INFORMANT (ADDRESS): Mr. E. E. Hensley 1650 So. 39th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope Mausoleum DATE May 6, 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U-L Co. 7814 So. Broadway

20. FILED MAY 4 - 1936 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to May 4, 1936

I last saw her alive on May 3, 1936. Death is said to have occurred on the date stated above, at 4-30 a.m. May 4-36

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

Arteriosclerosis
chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 V. Thomas, M. D.

(Address) 441 Frisco Bldg.

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.

Trans. Bldg
441
906 Olive St.
10 - 4 P.M.