

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.

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**(No. **3932 Shreve Ave.**)791
1003

File No.....

24899

Registered No.....

6555

St..... Ward.....

2. FULL NAME **Carolina Hackmann**(a) Residence, No. **3932 Shreve Ave.**St. **7**

Ward.....

(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 **Henry H. Hackmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 28, 1843**

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

92 9 - - -

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

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

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**13. NAME **Frederick Yocum**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Louisa Meier**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Rev. J. H. Overbeck**
(ADDRESS) **3932 Shreve Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Vincennes, Ind.** DATE **June 30, 1936**19. UNDERTAKER **Wm. F. Paschedag**
(ADDRESS) **2825 N. Grand Blvd.**20. FILED **JUN 29 1936** **J. F. Bredeck**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28th 6 P.M. 1936**

22. I HEREBY CERTIFY, That I attended deceased from

June 24, 1936, to June 28, 1936I last saw her alive on **June 28, 1936**. Death is saidto have occurred on the date stated above, at **6:00 P.M.**

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

Pneumonia (Bronchial) Date of onset**Hp****Primary septic fever**

Other contributory causes of importance:

**Carcinoma Left Side of Face
- Liver Sensitivity**

Name of operation..... 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) **L. L. Waesche, M.D.**, M. D.(Address) **4425 Nat. Bridge Blvd.**

