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.

AUG - 5 1937

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

Do not use this space.

File No. 25664

Registered No. 6838

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Johns Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Henry J. Hackman

(a) Residence, No. Creve Couer Mo St., R R 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	-	26	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Christman Hackman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Arthur H Hackman
(ADDRESS) Clayton, Mo.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Cem DATE 7-18 1937

19. UNDERTAKER Louis H Bopp
(ADDRESS) Kirkwood, Mo.,

20. FILED JUL 16 1937 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/6/37, 19..., to 7/17/37, 19...

I last saw him alive on 7/14/37, 19... Death is said to have occurred on the date stated above, at 4:50 A m.

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

Chronic Myocarditis with Coronary Disease

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Ad. 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) Chas Hugh Wilson, M. D.

(Address) Hazelwood

6838