

DEC 28 1937

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

Do not use this space.

42300

## 1. PLACE OF DEATH

County St. Charles  
Township St. Charles  
City St. Charles (No. 700, N. 3rd)

Registration District No. 757  
Primary Registration District No. 3036

File No. \_\_\_\_\_  
Registered No. 190  
St. 3rd Ward

## 2. FULL NAME

Benjamin George William Hackmann  
(a) Residence, No. 700 N. 3rd St. 3rd Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 19 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 56 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer10. Date deceased last worked at this occupation (month and year) Jan. 1, 1937 11. Total time (years) spent in this occupation 30 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.13. NAME John F. Hackmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.15. MAIDEN NAME Sophie Holtzraewe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.17. INFORMANT (ADDRESS) Fred H. Wilke  
700 N. 3rd St.18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cemetery DATE Nov. 15, 193719. UNDERTAKER (ADDRESS) Steinhilber's  
201 N. Main20. FILED Nov. 12, 1937 Clarence H. Weiler  
Registrar. A.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Nov 11, 1937I last saw him alive on Nov 11, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Robert Pneumonia

Date of onset

Other contributory causes of importance:

Cerebral Paralysis

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) T. H. Hardin, M. D.

(Address) \_\_\_\_\_

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.

