

REC'D MAR 24 1938

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

8079

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township Jefferson Primary Registration District No. _____ Registered No. 388
 (c) City Brentwood (d) Street No. Gouldworth Home _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAMEAmerilla Hackatt 230

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 James L. Hackatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL - 24 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired

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

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo, Ill.FATHER 13. NAME William Meacham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo, Ill.MOTHER 15. MAIDEN NAME Nancy Hoelsher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo, Ill.17. INFORMANT Hazel Hall
(ADDRESS) 1446 St. Vincent**18. BURIAL, CREMATION, OR REMOVAL**PLACE Memorial Park DATE 3-1-38**19. FUNERAL DIRECTOR**(ADDRESS) 2501 Woodson Rd - Greendale, Mo.20. FILED 3-1 1938 D. H. Ray, M.D. Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5.15 PM

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

Cerebral hemorrhageDate of onset 2/27/38

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? NO23. 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) John O'Connell, M. D.(Address) Coroner of St. Louis County

