

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

State File No.

Registration District No. 59

Primary Registration District No. 6000

Registrar's No. 8

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town New Melle Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether)

In this community Life  
years, months or days

8. (a) PRINT FULL NAME Friederike Alvina Broker

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 18 1857  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	12	hr. _____ min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John H. Hackman

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Elsie Hackman

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Victor Heuman

(b) Address New Melle Mo

17. (a) Burial (b) Date thereof April 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Mo  
Morris Muschany

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Hamburg, Mo

19. (a) April 1-40 (b) O. O. Muelman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town New Melle  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 29, 1940, to March 30, 1940, that I last saw her alive on March 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Stroke

Due to Chr. Myocarditis

Due to Senility

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Duration 5 hrs

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature O. O. Muelman (M. D. or other) \_\_\_\_\_

Address New Melle Mo Date signed 4-1-40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... **Morris Muschany**.....

Licensed Embalmer No..... **2461**.....

P. O. Address..... **Hamburg, Mo,**.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**