

FILED AUG 25 1940

791

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME: Emma Hackey 2071

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female race White 5. Color or race _____
6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Clarence 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Mar. 30, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 | 3 | 11 | hr. min.

9. Birthplace: Pulaski Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: hswk 9

11. Industry or business: at home 9

12. Name: H. Bagby 9

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. John Bradley

(b) Address: 4011 Potomac

17. (a) Burial (b) Date thereof: 7-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pulaski, Ill.

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 S. Grand

19. (a) JUL 13 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 Potomac
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1940 hour _____ minute 10 p. M.

21. I hereby certify that I attended the deceased from June 20,
1940 to July 11, 1940
that I last saw her alive on July 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cancer of ovary PRIM- Months.
Cancer of pleura, liver. Month.

Due to _____
Due to _____

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy: Cancer of ovary with spread to lung, liver.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature: A. J. Steiner, M.D. (M.D. or other) M.D.
Address: 622 University Club Date signed 7/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Steiner
1116 Lemay
3-5

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 Frank Ludwig
Licensed Embalmer No. 2504
P. O. Address St Louis 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.