

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
5435 N. Kingshighway  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis **7**  
(If outside city or town limits, write "RURAL")

(d) Street No. 5435 N. Kingshighway  
(If rural, give location)

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

3. (a) PRINT FULL NAME Bernard A. Hacker

3. (b) If veteran, name war No

3. (c) Social Security No. 494-07-2478

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Friedrich

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 12, 1886  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 20th  
year 1940 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 5th, 1940 to Dec 20th, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54	8	18	_____ hr. _____ min.
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Immediate cause of death General Carcinomatous

Duration \_\_\_\_\_

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

Due to Primary Cancer of the bladder & urinary

Due to \_\_\_\_\_

10. Usual occupation Cabinet man

Other conditions 51  
(Include pregnancy within 3 months of death)

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

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

12. Name John C. Hacker

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

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

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

14. Maiden name Julia Kossman  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Anna Hacker

(b) Address 5435 N. Kingshighway

17. (a) Burial (b) Date thereof Dec. 23'40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bromberg and Co.

(b) Address 4746 W. Florissant Ave.

19. (a) DEC 21 1940 (b) J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

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. Göttinger (M. D. or other) \_\_\_\_\_

Address 2745 N. Grand Bl. Date signed \_\_\_\_\_

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

MOTHER FATHER

**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.....

*Ray W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**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, fact should be so stated above.**