

FILED FEB 27 1942 91

Registration District No.

Primary Registration District No. 1003

Registrar's No. 84

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:
5233 Highland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5233 Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen K. Hackman

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife John H. Hackman 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. July 27 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Gerhart Wieman

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

14. Maiden name Unknown Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank Hackman

(b) Address 5233 Highland Ave.

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1908 Union Blvd.

19. (a) JAN 5 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1942 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from Mar 5
1941 to Jan 2 1942
that I last saw her alive on Jan 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma fundus uteri Duration - ?

Due to

Due to

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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
Signature John G. McJannet M. D. or other MD
Address 2014 Sheila Date signed 1/3/42

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

X26390
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Dr. M. J. Lawrence

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..... *Albert R. Thompson Jr.*
Licensed Embalmer No. *4237*
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.