

FILED JUL 27 1942

Registration District No. **200** Primary Registration District No. **200**

9600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Lemay** (If outside city or town limits, write "RURAL")

(d) Street No. **937 Erskine Avenue.**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Emma Hacker**

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

4. Sex **Female** / race **White** 5. Color or divorced **Widowed**

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

7. Birth date of deceased: **Sept. 4, 1860**
(Month) (Day) (Year)

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

82 **10** **6** hr. min.

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

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER

12. Name **Anthony Kliment**

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

14. Maiden name **Mary Dupah**

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

16. (a) Informant **Mrs. Stella Brandt**

(b) Address **937 Erskine Avenue**

17. (a) Burial (b) Date thereof **July 13, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Avenue**

19. (a) **JUL 14 1942** (Date received local registrar) (b) **C. M. ... M.D.** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10th** year **1942** hour **8:40** minute M.

21. I hereby certify that I attended the deceased from **Jan** 19**42** to **July 9/42** that I last saw her alive on **July 9/42** and that death occurred on the day and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **3 mo**

Due to **Insults of old age**

Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1318**

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?
Home

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

23. Signature **J. G. ... M.D.** (Physician's signature) Address **108 ...** Date signed **7-11-42**

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.....

Harry J. Schumacher

Licensed Embalmer No.....

2679

P. O. Address.....

732 Lemay

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.