

S. No. 2
4-5-42
5-17-39
X32873

25883

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7130**

Registration District No. **318**

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:
De Paul Hoep. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5da.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **999**
(a) State **Carrolton** (b) County **Greene**
(c) City or town **Illinois** **11** **WDR**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Herbert Hackley**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martha**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Nov. 4th 1867**
(Month) (Day) (Year)

8. AGE: Years **74** ~~75~~ Months **5** Days **20**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER {
12. Name **George Hackley**
13. Birthplace **Unk. Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Bethel**
15. Birthplace **Unk. Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Berneice Hackley**
(b) Address **6070 Cates**

17. (a) **Removal** (b) Date thereof **8/26/23**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrolton, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Ave.**

19. (a) **AUG 25 1923** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23**
year **1942** hour **10** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Aug 14**
19. **42** to **Aug 23** 19. **42**
that I last saw him alive on **Aug 23** 19. **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism**
Due to **fat embolism**
Due to **fat embolism**
Other conditions **Cerebral hemorrhage**
(Include pregnancy within 3 months of death)

Duration _____

Major findings: **none**
Of operations _____
Of autopsy **Pulmonary embolism + cerebral hemorrhage**
Underline the cause to which death should be charged statistically.

PHYSICIAN _____

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?

23. Signature **Wm. D. Terard** (M. D. or other) _____
Address **812 Olive St.** Date signed _____
St. Louis, Mo.

8+4 (Licensed Embalmer's Statement on Reverse Side)

SEP 18 1957

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 *Harold G Burnley*
Licensed Embalmer No. *4202*
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, fact should be so stated above.