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M-5-42  
7. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 8 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31183  
State File No. \_\_\_\_\_  
Registrar's No. 395

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: County Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1118 Main St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gustav J. Hackmann  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 30 year 1942 hour 2 minute 45 P. M.

4. Sex Male (Race White)  
5. Color or Race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Pauline  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased March 23 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 29th 1942 to Sept 30th 1942  
that I last saw him alive on Sept 30th 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
78 6 7 hr. min.

Immediate cause of death Lobar Pneumonia (terminal)  
Duration 2 days

9. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Merchant

Other conditions Gen. Arteriosclerosis  
(Include pregnancy within 3 months of death) Duration 10 yrs.

11. Industry or business  
12. Name German Hackmann  
13. Birthplace Waverly Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Schumann  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

Major findings: Of operations No  
Of autopsy No  
PHYSICIAN 100  
Underline the cause to which death should be charged statistically.

16. (a) Informant Wang Kuechler  
(b) Address St. Charles, Mo

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? \_\_\_\_\_  
(Specify type of place)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cem. St. Charles  
18. (a) Signature of funeral director W.C. Dalmeyer & Sons Co  
(b) Address 801 N. Second St. Charles Mo  
19. (a) Oct 1, 1942 (Date received local registrar) (b) Clarence Y. Weeber (Registrar's signature)

23. Signature W. Perich Schulz M.D. (Specify type of place) Means of injury \_\_\_\_\_  
Address St. Charles Mo Date signed 10/1/42

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**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 John E. Dellmeyer  
Licensed Embalmer No. 2987  
P. O. Address St Charles 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.**