

FILED JAN 14 1943 18

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **55**

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:
3003 Magnolia /
(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**
(If outside city or town limits, write "RURAL")

(d) Street No. **3003 Magnolia Av.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Nickolas Hack**

3. (b) If veteran, name war _____

3. (c) Social Security No. **494-07-2461**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2**
year **1943** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

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

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

7. Birth date of deceased **December 24, 1873**
(Month) (Day) (Year)

Immediate cause of death
**Coronary Occlusion
Arteriosclerosis**

Due to _____

Due to _____

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

69 0 8 hr. _____ min. _____

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

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace **Luxemburg Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Waiter**

11. Industry or business _____

12. Name **Henry Hack**

13. Birthplace **Luxemburg Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Roaver**

15. Birthplace **Luxemburg Germany 4**
(City, town, or county) (State or foreign country)

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)

16. (a) Informant **John Hack**

(b) Address **3003 Magnolia Av**

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

(c) Place: burial or cremation **SS. Peter & Paul**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Thomas H. Allen** (M. D. or other) _____
Address **Deputy Coroner 3** Date signed **4-43**

18. (e) Signature of funeral director **John H. Hebbken Sons**

(b) Address **2630 Gravois**

19. (a) **JAN 4 1943** (b) **J. F. Bredock**
(Official local registrar) (Registrar's signature)

Physician _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

B

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 Robert T. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.