

FILED FEB 18 1943

State File No.

Registration District No. 218

Primary Registration District No. 100

Registrar's No. 1255

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:
5571a Labadie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5571a Labadie Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Albert H. Hackmann

3. (b) If veteran, name war.....

3. (c) Social Security No. 491-16-8454

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Friedaka Hackmann 6. (c) Age of husband or wife if alive. 70 years
7. Birth date of deceased. May 20 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 16 hr. min.

9. Birthplace. St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Furniture Worker

11. Industry or business.....

MOTHER FATHER

12. Name. Fred Hackmann
13. Birthplace. Germany
(City, town, or county) (State or foreign country)
14. Maiden name. Lesatta Brockmeyer
15. Birthplace. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Albert Hackmann
(b) Address. 5571a Labadie Ave.

17. (a) Burial (b) Date thereof. 2-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Friedens Cem

18. (a) Signature of funeral director. Drehmann Harral
(b) Address. 1905 N. Union Blvd.

19. (a) FEB 8 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1943 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb. 6 1943
and that death occurred on the date and hour stated above.
that I last saw him alive on Feb. 6 1943

Immediate cause of death: arteriosclerosis

Due to.....
Due to.....

Other conditions. Essential hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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.....

23. Signature. J. F. Beraman (M. D. or other).....
Address. 3220 Washington Date signed 2/8/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

*The Young men send
Elaeac & M. J. Harris Cem.
12-1
3720 Washington
2-3*

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.