U. S. No. 2
10M—5-42
Rev. 5-17-39
Form 1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12196

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3265

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: 5200 Northland Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 12 96

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5200 Northland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard E. Hackmann

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 9th (Day) 1943 (Year)

8. AGE: Years | Months | Days 25 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Edward F. Hackmann
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Vivian Noel
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Edward F. Hackmann
(b) Address 5200 Northland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul

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

19. (a) APR 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Birth, 19..., to death, 19...; that I last saw him alive on 1943 - April 3, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital	
Due to Heart —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 157	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature (M. D. or other)
Address Benoist Bldg., Date signed

(Licensed Embalmer's Statement on Reverse Side)

Wm. [illegible] (Patterson)
3720 Washington
Ge 2390
Office. 9. 12.

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 Warren A. Carver

Licensed Embalmer No. 3534

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.