V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23038

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6302

1. PLACE OF DEATH:

(a) County Mo.

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips O
(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: 000

(a) State Mo — (b) County 17 21

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3225a Lucas Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Sidney D. Hackney

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maggie Hackney 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 7 (Day) 1871 (Year)

8. AGE: Years 72 Months 9 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Lufkin (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business —

FATHER
12. Name George Hackney
13. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Rhoda
15. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant George Hackney
(b) Address 3880a Windsor Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) JUL 17 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1944 hour 11 minute P M.

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

Immediate cause of death Chronic Myocarditis Arteriosclerosis Fracture of Right Femur suffered when Due to Deceased fell out of Bed at the City Infirmary on Due to July 7-1944 at about 1 am

Duration

Other conditions ..... (Include pregnancy within 3 months of death) 186 a 3

Major findings:
Of operations 38
Of autopsy 20

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

22. If death was due to external causes, fill in the following: 000

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-7-44

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Infirmary (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature [signature] (M.D. or other)
Address [signature] Date signed 7/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 L Boyhin, Registered Apprentice No. M, working under my personal supervision.

Signed Lonnie Boyhin

Licensed Embalmer No. 2946

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.