

FILED AUG 28 1944

Registration District No. 377

Primary Registration District No. 3070

Registrar's No. 1746

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
44 Orchid Avenue
(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 100
17

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

(d) Street No. 4105a Evans Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Ella Reeves Hacklin

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1944 hour 1 minute 15 A.M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife James Arthur Hacklin 6. (c) Age of husband or wife if alive Abt. 55 years

7. Birth date of deceased: Unavailable 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/10 to 8/16 1944 and that I last saw her alive on 8/16 1944 and that death occurred on the date and hour stated above.

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

Abt. 47 hr. min.

Immediate cause of death: Acute myocardial infarction
Duration 93d

Due to Acute indigestion

Other conditions: indigestion
(Include pregnancy within 3 months of death)

9. Birthplace Clarksville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Cook- Housemaid

Major findings: indigestion
Of operations _____
Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Jeff Procter

13. Birthplace Clarksville, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Emma Johnson

15. Birthplace Clarksville, Tennessee
(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? Home (City) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Reid Procter

(b) Address 4167a Fairfax Avenue

17. (a) Burial (b) Date thereof 8/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finner Avenue

19. (a) 8-19-44 (b) C. N. McLean
(Date received local registrar) (Registrar's signature)

23. Signature P. Leroy Geyhardt (M. D. or other) 8/19/44
Address 293 E. Wirthman Ave. Date signed _____

STATEMENT BY LICENSED EMBALMER

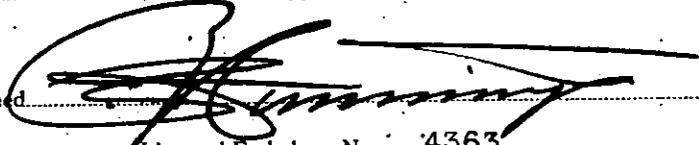
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert Lee Cummings.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4363.....

P. O. Address 4107 Finney Ave.....

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.