

FILED APR 13 1945

State File No.

2854

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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:
3104 N. Jefferson Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 72 yrs. 2 mons. 17 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3104 N. Jefferson Ave (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary M. Hacker

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife George Hacker 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Jan. 11, 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 17 hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

12. Name Martin Rund
13. Birthplace unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Sophie Weingaertner
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant George Hacker
(b) Address 3104 N. Jefferson Ave

17. (a) burial (b) Date thereof 3-30-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave

19. (a) MAR 29 1945 (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1945 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 5 to March 28, 1945, that I last saw her alive on March 28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 hrs.
Due to Hypertension + Chronic Myocarditis yrs.

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

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 Arthur Sussler (M. D. or other) M.D.
Address 2202 University Date signed 3-28-45

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

MOTHER FATHER

30
7
9

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 Marie R. Cashion
Licensed Embalmer No. 3949
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.