S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18772

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 5442

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr 4mos 28ds. (Specify whether years, months or days)
In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME GEORGE HACHMEISTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine Hachmeister

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

7. Birth date of deceased May (Month) 12 (Day) 1873 (Year)

8. AGE: Years 72 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Florrisant (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Unemployed 15 years

11. Industry or business

FATHER
12. Name Herman Hackmeister
13. Birthplace not known (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Amelia Goettz
15. Birthplace not known (City, town, or county) Germany (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Missouri

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) JUN 22 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1945 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 21, 1944, to June 19, 1945; that I last saw him alive on June 19, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1945x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Palmy Pongine Bowkich (M. D. or other)
Address City Sanitarium Date signed 6/19/45

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.