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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10920  
Registrar's No. 3151

Registration District No. 318 Primary Registration District No. 1003

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

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 Hospital  
(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..... 000

(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL") 917

(d) Street No..... 2024 E. Fair Ave.  
(If rural, give location) 9

(e) Citizen of foreign country?..... No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... James P. Hackett

3. (b) If veteran, name war..... #1

3. (c) Social Security No..... 488-32-2359

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 11, 1881  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>66</u> | <u>0</u> | <u>11</u> | hr. min.             |

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

10. Usual occupation..... Messenger,  
Printing

11. Industry or business.....

12. Name..... Richard Hackett

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

14. Maiden name..... Catherine Bradshaw

15. Birthplace..... Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Margaret Nothaker

(b) Address..... 706 Carrie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/26/47  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cem.

18. (a) Signature of funeral director..... [Signature]

(b) Address..... 2117 E. Grand Blvd.

19. (a) MAR 25 1947 (Date received local registrar) (b) J. F. Brusek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 22  
year..... 1947 hour..... m minute..... 7 P.M. 25

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

Immediate cause of death.....  
Coronary Sclerosis  
Atherosclerosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 94a

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?.....

While at work?..... (Specify type of place) (e) Means of injury..... 3

23. Signature..... [Signature] Date signed..... 3/24/47

APR 29 1947

**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.