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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 24 1947
318

Registration District No.

Primary Registration District No.

Registrar's No.

2675

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Stag Pacific Hotel
(d) Length of stay: In hospital or institution 11 n. p. a. st
In this community 11 n. p. a. st
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis 617
(d) Street No. 5258 Page
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM E. HAEKLEMANN

3. (b) If veteran, name war 408-12-0829
3. (c) Social Security 408-12-0829

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased July 5 1903
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 7
If less than one day hr. min.

9. Birthplace Columbus Mississippi
(City, town or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Broger No. 9 Bakery

12. Name W. E. Hacklemann

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

14. Maiden name Lucy Cole

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

16. (a) Informant Lowell B. Cole
(b) Address 5258 Page

17. (a) Burial (b) Date thereof 13-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Patricia E. Taylor
(b) Address 225 Wilson Blvd.
(c) Place: burial or cremation St. Louis

19. (a) MAR 13 1947
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1947 hour 7 minutes 30 M.

21. I hereby certify that I attended the deceased from 7 1947 to 7 1947
that I last saw him alive on 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar
Due to Asphyxia

Due to Asphyxia
Other conditions 1/18
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/18

Of autopsy 1/18

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? 3
(Specify type of place) (e) Means of injury
23. Patricia E. Taylor (M.D. or other) Dep Car
Address 1300 Clark Date signed 13-47

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

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

MOTHER FATHER

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..... *Ernest W. Spillers*
Licensed Embalmer No..... *4080*

P. O. Address.....

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.