No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 2 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29087
Registrar's No. 7835

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24yrs 9mos 12das. (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1318a Walton Ave 9
(If rural, give location)
(e) Citizen of foreign country? - No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME E LINOR HACKER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 16, (Day) 1889 (Year)

8. AGE: Years 58 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name P.H.Hacker
13. Birthplace (City, town, or county) Ky. (State or foreign country) 1
MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country) 9
16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) AUG 18 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1947 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to August 18, 1947 that I last saw her alive on August 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adenocarcinoma, right Ovary with Diffuse Metastases	6 mosx.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

PHYSICIAN
Underline the cause of 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 0

23. Signature Jack R Fidelman (M. D. or other)
Address 5400 Arsenal St Date signed 8/18/47

Jefferson City Printing Co.
(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 Warren A. Carve

Licensed Embalmer No. 3534

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.