

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29088**
8028
Registrar's No.

FILED SEP 4 1947 318

Registration District No. _____ Primary Registration District No. **1003**

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:
Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 hours**
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ood**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1377 Arlington Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Infant Charles R Hackett, Jr**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Male** **5. Color or** **Wh** **6. (a) Single, widowed, married,** **Single**
 divorced _____
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
15 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Charles R. Hackett, Sr.**
13. Birthplace **Marlboro Mass**
 (City, town, or county) (State or foreign country)
14. Maiden name **Lillian J. Scott**
15. Birthplace **Crystal City Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Charles R. Hackett, Sr.**
 (b) Address **1377 Arlington Ave.**

17. (a) Burial (b) Date thereof **Aug 25 '47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**
18. (a) Signature of funeral director **Kraeger-Voss, Inc.**
 (b) Address **3402 No. Kingshighway**

19. (a) AUG 25 1947 (b) **P. F. Braddock**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **25th**
 year **1947** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **August 24th**, 1947, to **Aug 25th**, 1947
 and that death occurred on the date and hour stated above. **Aug 24th**, 1947

Immediate cause of death **Prematurity**

Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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 _____

23. Signature **P. F. Braddock** (M. D. or other) _____
 Address **607 N. Grand St** Date signed **8/25/47**

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.....

J. Allen Davis Jr.
Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.