

No. 2
DM-5-43
V. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6430**
Registrar's No. **2382**

FILED MAR 15 1948 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: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 5 days
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME BABY GIRL HACKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 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 3 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	0	5	hr. — min.
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9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOYER FATHER {
 12. Name ALBERT HACKER
 13. Birthplace LONGTOWN MO.
(City, town, or county) (State or foreign country)
 14. Maiden name LENORA MEISTER
 15. Birthplace FROHNA MO.
(City, town, or county) (State or foreign country)

16. (a) Informant ALBERT HACKER
 (b) Address FERGUSON, MO.

17. (a) BURIAL (b) Date thereof MARCH 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEW BETHLEHEM CEM.

18. (a) Signature of funeral director Richard W. ...
 (b) Address 1936 St. Louis

19. (a) MAR 9 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
 (c) City or town FERGUSON
(If outside city or town limits, write "RURAL")
 (d) Street No. N.R. RT. 10 BOX 455
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9th
 year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from MAR 31
1948 to MAY 8th 1948
 that I last saw her alive on MAY 8th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease Duration 5 days

Due to _____

Due to _____

Other conditions 157
(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?

23. Signature Arnold G. ... (M. D. or other) MD
While at work? (Specify type of place) (c) Means of injury
 Address 2632 S. Kingshighway Date signed 5/9/48

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *Allen W. Day*

Licensed Embalmer No. *0 3737*

P. O. Address *936 St. Louis Ave.*

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.