No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 2007

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 10922 0

Registrar's No. 230

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U. S. Marine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Unknown 92
(c) City or town: St. Charles 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 709 Adams Street 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: HACKMAN, Emil H.
3. (b) If veteran, name war: WW I
3. (c) Social Security No.: unknown
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha W. Hackman
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: May (Month) 27 (Day) 1892 (Year)
8. AGE: Years 55 Months 9 Days 16 If less than one day: hr. min.
9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Mechanic
11. Industry or business: Unknown
FATHER
12. Name: August Hackman
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Louise Wilmer
15. Birthplace: St Charles Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Clinical Records
(b) Address: U.S.Marine Hospital, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St John's Hospital
18. (a) Signature of funeral director: Hackman Funeral Home
(b) Address: St Charles Mo.
19. (a) 3-15-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1948 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from March 12, 1948, 19..., to March 13, 1948; that I last saw him alive on March 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paroxysmal auricular tachycardia	12 hrs.
Due to: Rheumatic valvulitis, inactive, mitral & aortic valves.	20 yrs.
Due to:	
Other conditions: Arteriosclerosis, general (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations: 92c
Of autopsy:

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): x
(b) Date of occurrence: x
(c) Where did injury occur? x (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? x (Specify type of place)
While at work? x (c) Means of injury: x

23. Signature: David S. Citron (M. D. or coroner)
Address: U.S. MARINE HOSP., KIRKWOOD, MO. Date signed: 3-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Sr. Surgeon, Mo. Officer in Charge

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 Frederic W. Bane, Registered Apprentice No. 510, working under my personal supervision.

Signed Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

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.