

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28292

FILED SEP 13 1951

State File No. ....

318

1003

Registrar's No. 7636

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY 0  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis  
c. LENGTH OF STAY (In this place) 24  
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis  
OR TOWN 2249

d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital  
d. STREET ADDRESS (If rural, give location) 2902 Wisconsin Ave.

3. NAME OF DECEASED  
a. (First) Arthur  
b. (Middle) Louis  
c. (Last) Hack  
4. DATE OF DEATH (Month) (Day) (Year) August 26, 1951.

5. SEX Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  
8. DATE OF BIRTH April 27, 1922  
9. AGE (In years last birthday) 29  
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Assembler  
10b. KIND OF BUSINESS OR INDUSTRY Koken Companies  
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank J. Hack  
13b. MOTHER'S MAIDEN NAME Laura Hahn  
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown  
16. SOCIAL SECURITY NO. 488-28-7409  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irma Will, 6115 Wanda Ave.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Subdural Hemorrhage caused by a fracture in the right occipital fossa; suffered in collision between car operated by Dorothy Salvaggio and car operated by the deceased on Highway 61-67 about 1 1/2 miles north of Imperial, Mo. Jefferson County, about 6:30 A.M., Aug. 18, 1951.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED  
19c. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open Verdict  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See Above  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Imperial, Mo., Jefferson County

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/18/51 6:30 A.m.  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? See Above

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Patricia E. Taylor, Coroner  
22b. ADDRESS 1300 Clark  
22c. DATE SIGNED 8-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 8/29/51  
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. AUG 28 1951  
REGISTRAR'S SIGNATURE J. Carl Smith M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.

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

E 816 -

**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.

Student Embalmer No. ....

Signed Ralph C. Lindner

Signed.....  
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.