

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

42979

State File No. 11669  
Registrar's No. 11669

**FILED JAN 16 1952**

**318**

**1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4560 McCausland Ave.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2039</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4560 McCausland Ave.</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>G.</u>	c. (Last) <u>Hack</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 30 1951</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED?</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 12, 1886</u>	<b>9. AGE</b> (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Famous Barr</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>

<b>13a. FATHER'S NAME</b> <u>George Hack</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Heine</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Martha M. Hack</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Martha M. Hack 4560 McCausland Ave.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis Cerebral</u> 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. _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>33HX</u>
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22. I hereby certify that I attended the deceased from Nov 15, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Joseph E. Carney, M.D.</u>	<b>23b. ADDRESS</b> <u>906 Olive St</u>	<b>23c. DATE SIGNED</b> <u>12-31-51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify Entombment?)</b>	<b>24b. DATE</b> <u>Jan. 2, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Valhalla Mausoleum</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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<b>DATE REC'D. BY LOCAL REG.</b> <u>DEC 31 1951</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Earl Smith, M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>C. Holmeister Colonial Mortuary</u> <u>6164 Chippewa St.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Carney

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Henry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7514 1-Broadway*.....

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.