

MIC AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30393

State File No. ....

No. 300  
10.48

XC1986452  
REG #103901  
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2129

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON/BARRACKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>7 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>3138A CHEROKEE STREET</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>A.</b> c. (Last) <b>HACKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-9-52</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4-11-95</b>
9. AGE (In years last birthday) <b>57</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>US POST OFFICE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HENRY HACKER</b>	
13b. MOTHER'S MAIDEN NAME <b>CHARLOTTE HIBERT</b>		14. NAME OF HUSBAND OR WIFE <b>IRENE HACKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF SIGMOID WITH METASTASIA</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>153X</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4 MOS</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-2-52</b> , 19 <b>52</b> , to <b>8-9-52</b> , 19 <b>52</b> , <del>XXXXXXXXXXXXXXXXXXXX</del> and that death occurred at <b>1:52A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. T. KAMINSKAS</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>VAH JEFFERSON BARRACKS, MO.</b>	
23c. DATE SIGNED <b>8-9-52</b>		23d. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEMETERY</b>	
23e. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>		23f. FUNERAL REMOVAL (Burial) <b>BURIAL</b>	
23g. DATE REC'D BY LOCAL REG. <b>8-11-52</b>		23h. REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	
23i. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Welder</b>		23j. ADDRESS <b>3634 Gravois</b>	

52W (Licensed Embalmer's Statement on Reverse Side)

1944

**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 Roger Wheeler

Licensed Embalmer No. 2129

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.