

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25532

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 1815

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Jefferson Bks. <i>4-880 St Louis</i>	
c. LENGTH OF STAY (In this place) 12 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hospital		e. STREET ADDRESS (If rural, give location) 314 Bagby	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) HACKER c. (Last) HACKER			4. DATE OF DEATH (Month) (Day) (Year) July 23 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 27, 1907		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cert. Public Acct.		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Martin Hacker		13b. MOTHER'S MAIDEN NAME Ida Harder		14. NAME OF HUSBAND OR WIFE Lucille Hacker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-2		16. SOCIAL SECURITY NO. 488-01-3502		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Hacker 314 Bagby	

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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia			DUE TO (b) Pulmonary Abscess			Days ?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Lung metastasis			? ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Carcinoma of the larynx			2 years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 161X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7-11-1954, to 7-23-1954, that I last saw the deceased alive on 7-23-1954, and that death occurred at 8:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Brodine M.D.		23b. ADDRESS 601 S. Brentwood Skyway, Mo.		23c. DATE SIGNED 7-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/26/54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.	

DATE REC'D BY LOCAL REG. 7/26/54		REGISTRAR'S SIGNATURE Herbert R. Stambler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Ziegenhein & Sons 7027 Gravois	
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(Licensed Embalmer's Signature on Reverse Side)

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

**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 Wan Benz....., Student Embalmer No. 4863 working under my personal supervision.

Student Donald E Benz.....  
Signature of Student Embalmer

Signed E. P. Kidwell.....

Licensed Embalmer No. 3877

P. O. Address 7027 Gray

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**