

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2595**
Registrar's No. **0356**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 7 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				STREET ADDRESS (If rural, give location) 1621 Grape Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) L		c. (Last) Hackney		4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 19 1873	
9. AGE (In years last birthday) 81		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) Rent Collector		10b. KIND OF BUSINESS OR INDUSTRY John Graulich Realty Co.,		11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sam Hackney		13b. MOTHER'S MAIDEN NAME Minnie		14. NAME OF HUSBAND OR WIFE Elizabeth L. Hackney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY # 492-05-9538		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harold J. Hackney, 1621 Grape 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized acute purulent meningitis ANTECEDENT CAUSES DUE TO (b) Perforated Peptic ulcer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS chronic interstitial nephritis arteriosclerosis, generalized				INTERVAL BETWEEN ONSET AND DEATH 8-12 hours 4-5 yrs 5-6 yrs	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5401			
22. I hereby certify that I attended the deceased from Nov. 7, 1949 , to Jan. 12, 1955 , that I last saw the deceased alive on Jan. 11, 1955 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.							
22a. SIGNATURE William H. Grundmann M.D.		(Degree or title)		23b. ADDRESS 3118 N. Grand St., St. Louis 7		23c. DATE SIGNED 1/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave.			

JAN 13 1955

mb

(Licensed Embalmer's Statement 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement McNeary*

Licensed Embalmer No. *373*

P. O. Address *St. Louis*

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.