

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2469**

FILED FEB 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **274**

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Colonial Rest Home</b>		d. Is residence within limits of a city or incorporated town? <b>Yes</b> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <b>406 N. 4th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emelie</b> b. (Middle) _____ c. (Last) <b>Hackmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 4, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 20, 1868</b>
9. AGE (In years last birthday) <b>87</b>		IF BORN: YEAR <b>4</b> MONTHS <b>11</b> DAYS _____	IF BORN: HOUR _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles County, Mo.</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Fred Lehker</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Kurel</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Hackmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Herman Hackmann, St. Charles, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		ANTECEDENT CAUSES		<b>1 week</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Unknown</b>	
DUE TO (b) <b>Arteriosclerotic Heart Disease</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 <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 **January 1849**, to **Feb. 4, 1956**, that I last saw the deceased alive on **Feb. 4, 1956**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Don Z. Randall, M.D.</b>		23b. ADDRESS <b>287 N. 5th St. Charles, Mo.</b>		23c. DATE SIGNED <b>Feb 4 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 5, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Feb 4 1956</b>		REGISTRAR'S SIGNATURE <b>Hannie Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Wane, St. Charles, Mo.</b>	
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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.....  
Signature of Student Embalmer

Signed *Clarence M. Bills*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles*.....

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.