FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 17946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4614

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital — Length of stay in 1b: 12 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: JENNINGS 4028, — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 9448 Westchester Drive — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Charles Middle Last Hacker
4. DATE OF DEATH: Month May Day 11 Year 1956
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Nov 12 1880
9. AGE (In years last birthday): 75 — 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): Foreman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Krey Packing Co.
11. BIRTHPLACE (City and state or country): Pacific, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: - - - - - - Hacker
14. MOTHER'S MAIDEN NAME: Mary Baldwin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-07-6812
17. INFORMANT: Mrs. Lester Roemer, Address: 9448 Westchester Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	one week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriolar Nephrosclerosis	3 months
DUE TO (c)	Arteriosclerotic Heart Disease	one year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-5-51 to 5-11-56 and last saw ~~her~~ him alive on 5-11-56
Death occurred at 8:40a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. J. Roth (Degree or title) M.D. 0
22b. ADDRESS: 634 N. Grand Blvd.
22c. DATE SIGNED: 5-11-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 14 1956
23c. NAME OF CEMETERY OR CREMATORY: Memorial Pack Cemetery
23d. LOCATION (City, town, or county) (State): Normandy, St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av
25. DATE RECD. BY LOCAL REG.: MAY 12 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith Md

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.