

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 27 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2324**

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) _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **01 4067 UTAH** e. STREET ADDRESS (If rural, give location) **2167 4067 UTAH**

3. NAME OF DECEASED: a. (First) **HELEN** b. (Middle) **M.** c. (Last) **HACKMANN** 4. DATE OF DEATH (Month) (Day) (Year) **3-6-1957**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **8-5-1882** 9. AGE (In years last birthday) **74** 10. IF UNDER 1 YEAR Months **7** Days **7** 11. IF UNDER 1 HR. Hours **7** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home** 10b. KIND OF BUSINESS OR INDUSTRY **HOUSEWORK** 11. BIRTHPLACE (City and State or foreign Country) **ST. LOUIS MO.** 12. CITIZENSHIP OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John GANSEFORTH** 13b. MOTHER'S MAIDEN NAME **ANGELA GANSEN** 14. NAME OF HUSBAND OR WIFE **DECEASED.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No No** 16. SOCIAL SECURITY NO. **492-03-7439** 17. INFORMANT'S SIGNATURE OR NAME **Miss Lillie Boehm** ADDRESS **4067 U. Tah. St.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Cardiovascular Disease** INTERVAL BETWEEN ONSET AND DEATH **5 yrs**
ANTECEDENT CAUSES **Hypertensive** DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **443x**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **2**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-2-** 19**57**, to **3-6-** 19**57**, that I last saw the deceased alive on **2-5-** 19**57**, and that death occurred at **11:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Carroll Reich** 23b. ADDRESS **5633 So Knud Highway** 23c. DATE SIGNED **3/1/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **3-9-1957** 24c. NAME OF CEMETERY OR CREMATORY **SS. PETER-PAUL CEM.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO.**

DATE REC'D BY LOCAL REG. **MAR 8 '57** REGISTRAR'S SIGNATURE **J. Carl Smith** FUNERAL DIRECTOR'S SIGNATURE **D. Ambergmell** ADDRESS **3819 So Grand Blvd.**

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

1102.5

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 *Geo Chambermehl*
Licensed Embalmer No. *4611*

P. O. Address *Horns 18 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.