

Health,
Welfare
Public
Service

300
1-56

Secretary, Missouri State Health Department, St. Louis, Mo. - Use only forms promulgated in Form 10. No symptoms were listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31365

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Missouri b. COUNTY Franklin							
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN Holes township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Union		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 848 W. State St.			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Harry L. Hackmann				4. DATE OF DEATH Sept. 6 1957		Month Sept. Day 6 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 10, 1934		9. AGE (In years last birthday) 23		IF UNDER 1 YEAR Mths 26 Hours Min. 			
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY Union Elec. Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Henry L. Hackmann				14. MOTHER'S MAIDEN NAME Elizabeth Piar							
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 NO. X		17. INFORMANT Ron Slaver, 4094 Filmore, St. Louis, Mo.				Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of skull and rib cage of chest DUE TO (b) falling from collision of train DUE TO (c) falling from collision of train PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 8:00 27								INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Subject was driving truck across railroad crossing (no. 300)								
20c. TIME OF INJURY 11:30 a.m. 9/6/57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1/2 mile east Holbrook Franklin Mo.								
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN OR LOCATION Union, Mo.		20g. COUNTY Franklin		20h. STATE Mo.				
21. I attended the deceased from 9/6 to 9/6 and last saw her/him alive on 9/6 Death occurred at Union, Mo. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE M. B. Gross				22b. ADDRESS Union, Mo.				22c. DATE SIGNED 9/6/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 9, 1957		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St. Louis, Missouri		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
24. FUNERAL DIRECTOR John L. Ziegenheim & Sons, St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 9-1957		26. REGISTRAR'S SIGNATURE Mary B. Gross					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 24 1957

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 C. Kidwell*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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.