

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42959

State File No.

FILED NOV 22 1957

Registrar's No. 2824

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give RURAL and give TOWN RICHMOND HEIGHTS)		c. LENGTH OF STAY (In this place) 2 wks.	c. CITY OR TOWN Brentwood ⁴⁵¹¹
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 8614 Rosalie Ave.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) H. c. (Last) HACKMAN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 2 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Executive		10b. KIND OF BUSINESS OR INDUSTRY Sales Executive		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Frank L, Hackman	13b. MOTHER'S MAIDEN NAME Hilda Steinbrenker	14. NAME OF HUSBAND OR WIFE Vera Tally Hackman
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. 494-09-7733	17. INFORMANT'S SIGNATURE OR NAME Mr. Vera Hackman ADDRESS Brentwood, Mo.	
--	--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic heart disease with congestive failure, hepatomegaly + ascites		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Endarteritis obliterans, arteriosclerosis 2 years		
	DUE TO (c) Arteriosclerosis general estimated 10 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (m.)	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 **Sept 18, 1957**, to **Nov 11, 1957**, that I last saw the deceased alive on **Nov 11, 1957**, and that death occurred at **9:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Beckelman M.D.	23b. ADDRESS 2615 Brentwood Blvd	23c. DATE SIGNED Nov 12 1957
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 14, 1957	24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 11-13-57	REGISTRAR'S SIGNATURE Herbert H. Donahoe	25. FUNERAL DIRECTOR'S SIGNATURE Walter Boone Funeral Home ADDRESS A. Club
--	---	--

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

DEC 10 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. 552 working under my personal supervision..

Student David C. Davis
Signature of Student Embalmer

Signed Arthur C. Davis

Licensed Embalmer No. 3155

P. O. Address W. Clark

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.