

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019745
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. **318** Primary Registration District No. **1003** Registrar No. **1860**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp | | d. STREET ADDRESS 220 N. Kingshighway Park Plaza Hotel | |

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|--|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Mary Middle Belle Last Hackmann | | | 4. DATE OF DEATH Month May Day 9 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH July 27 1879 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0 | |
| 13. FATHER'S NAME Redmond Mc. Bride | | | 14. MOTHER'S MAIDEN NAME Margaret Cleary | | |
| 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. None | | 17. INFORMANT Isabel Kavanaugh, Montclair Apts. | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia, bil., extensive | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 491x |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic Heart Dis. | | |

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|--|----------------------------------|---|--|---|--|
| 20a. ACCIDENT <input 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.) | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |

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|---|--|------------------------------------|-----------------------------------|
| 21. I attended the deceased from June 1956 to 5-9-58 and last saw her alive on 5-8-58 Death occurred at 7 AM m on the date stated above; and to the best of my knowledge, from the causes stated | | | |
| 22a. SIGNATURE (Degree or title) Dr. J. Kertman, M.D. | | 22b. ADDRESS 634 N. Gage | 22c. DATE SIGNED 5-9-58 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-12-1958 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| 24. FUNERAL DIRECTOR Gullinane Bros. 3320 N. Kingshighway | 25. DATE RECD. BY LOCAL REG. MAY 9 '58 | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. |
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare S. Public Health Service
 S. 300 v. 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 securing the medical certification in the specific manner required by 193.40 MoRS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert M. Murray*.....

3749
Licensed Embalmer No.....

P. O. Address *St. Louis,*.....

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.