

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003007
STATE FILE NUMBER
2 675
Registrar's No.

EB 4 1959 Registration District No. Primary Registration District No.

300
-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ill.</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Belleville</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>De Paul</i>		Length of stay in 1b <i>10 days</i>	d. STREET ADDRESS <i>302 S. High St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Caroline HACKMAN</i>			4. DATE OF DEATH Month Day Year <i>1-20-1959</i>
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 4, 1907</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>DAMIANSVILLE, Ill.</i>
13a. FATHER'S NAME <i>AUGUST BILK HARTZ</i>		13b. MOTHER'S MAIDEN NAME <i>MARY TRANKLE</i>	14. NAME OF HUSBAND OR WIFE <i>GEORGE HACKMAN</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>George Hackman</i> 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) <i>Generalized Carcinosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Primary or Descending Colon</i> DUE TO (c) <i>153.2</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Terminal Broncho-pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>± 5 yrs</i>
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
21. I attended the deceased from <i>Jan 1954</i> to <i>Jan 1959</i> and last saw her alive on <i>January 17-59</i> Death occurred at <i>10:02</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George M. Penner, M.D.</i> (Degree or title)		22b. ADDRESS <i>4952 Mayfield</i>	22c. DATE SIGNED <i>1/20/59</i>
23a. BURIAL, CREMATION, or other disposal (Specify) <i>REMOVAL</i>	23b. DATE <i>1-23-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	23d. LOCATION (City, town, or county) (State) <i>Belleville Ill.</i>
25. DATE RECD. BY LOCAL REG. <i>JAN 20 '59</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Not Embalmed....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

George M. Bremer

Licensed Embalmer No. 5051

P. O. Address Bellerive

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.