

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013616

FILED VS MAR 30 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 889

STATE FILE NUMBER

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | Length of stay in 1b 8 hours | c. CITY OR TOWN Creve Coeur Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Craig Road R.R.#2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First FREDA Middle C. Last HACKMANN | | | 4. DATE OF DEATH Month March Day 14 Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/8/88 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and state or country) St. Louis County, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Philipp Deuser | | | 13b. MOTHER'S MAIDEN NAME Frederica Autebreith | | | 14. NAME OF HUSBAND OR WIFE Oliver Hackmann (Dec'd) | |

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|---|--|--|--|---|--|
| 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 Mrs. Orion J. Litzinger, Creve Coeur, Mo. | |
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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) Myocardial infarction | | | INTERVAL BETWEEN ONSET AND DEATH 10 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic Heart Dis | | |
| | DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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. Month, Day, Year _____ | | | | |

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|--|--|------------------------------|--------|-------|
| 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 **Sept 1955** to **Mar. 14, 1960** and last saw her **9:00 A.M.** alive on **Mar. 14, 1960**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Wm. Macanore, M.D. | | 22b. ADDRESS 4161 Lindale Blvd | | 22c. DATE SIGNED 3-15-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/17/60 | 23c. NAME OF CEMETERY OR CREMATORY St. Paul's E & R Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |

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|--|--|-------------------------------|--|--|
| 24. FUNERAL DIRECTOR Louis H. Bopp Inc | | ADDRESS Richmond Mo | 25. DATE RECD. BY LOCAL REG. 3-15-60 | 26. REGISTRAR'S SIGNATURE John C. Mumfley M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richwood,

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.