

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-038643

FILED NOV 8 1961

818

Primary Registration District No. 1003

Registrar's No.

9962

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | | | | | |
|--|---|--|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis | | | Length of stay in 1b | c. CITY OR TOWN St Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2337 A S 7th Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Hacker | | | | 4. DATE OF DEATH Month Day Year Oct 26 1961 | | | |
| 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 1/27/89 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Watchman | | | 10b. KIND OF BUSINESS OR INDUSTRY Boyd Clothing | | 11. BIRTHPLACE (City and state or country) St Louis Missouri | 12. CITIZEN OF WHAT COUNTRY U S | |
| 13a. FATHER'S NAME John C Hacker | | | 13b. MOTHER'S MAIDEN NAME Emma Clemens | | 14. NAME OF HUSBAND OR WIFE Clara | | |
| 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. | 17. INFORMANT Address Vernon Hacker 2337 A S 7th Str | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS 331X DUE TO (c) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4-5 Wks. 5-6 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 | 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 9/8/61 to 10/26/61 and last saw her alive on 10-26-61 Death occurred at about 10:00 A on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Charles Aube, M.D. | | | | 22b. ADDRESS 457 N. Kingshighway | | 22c. DATE SIGNED 10-27-61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/30/61 | 23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem | | 23d. LOCATION (City, town, or county) St Louis Missouri | | (State) | |
| 24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen | | | 25. DATE RECD. BY LOCAL REG. OCT 27 1961 | 26. REGISTRAR'S SIGNATURE Rod Smith, M.D. | | | |

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *William F. Jaella Jr*

Licensed Embalmer No. 4950

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.