

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047192

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3652 STATE FILE NUMBER

FILED JAN 9 1967

1. PLACE OF DEATH St. Louis a. COUNTY 6911 Julian Ave b. CITY (If outside corporate limits, give TOWNSHIP only) University City OR TOWN St. Louis County 30 Length of stay in 1b 10 yrs c. CITY OR TOWN University City Inside Limits Yes X No d. STREET ADDRESS (If outside, give location) 6911 Julian Ave Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Middle Last Mary L Hacking 4. DATE OF DEATH Month Day Year 12 21 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed X Divorced 8. DATE OF BIRTH 6/13/70 9. AGE (last birthday) 91 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) St Marys, Miwsouri 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Varis Tucker 13b. MOTHER'S MAIDEN NAME (Unknown) Pares 14. NAME OF HUSBAND OR WIFE Abraham L. Hacking

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 Address William V. Hacking 6911 Julian

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My yoe arthritis (Chronic) DUE TO (b) DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Nov-18-1960 to Dec 21-1961 and last saw her him alive on Dec 21-61 Death occurred at 2:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Sterling M.D. 22b. ADDRESS 8105 Page Blvd St Louis Mo 22c. DATE SIGNED 12/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) St Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Kreigshauser Mortuaries 9450 Olive St Rd 25. DATE RECD. BY LOCAL REG. 12-22-61 26. REGISTRAR'S SIGNATURE John B. Mumfley M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

Student _____
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address _____

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.