27 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22596

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: St Louis (No. Mehlville Mo St. ..... Ward)
Registration District No. 1123
Primary Registration District No. 6248 D
File No.
Registered No. 217

2. FULL NAME: William Hackmann
(a) Residence. No. Mehlville Mo St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 25 1852

7. AGE: Years 76 | Months 11 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Himself
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis Co.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Henry Hackmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mary Hackmann
(Address): Le Mayferry Rd Mehlville

15. FILED June 7, 1929 L. C. Obrock M. V. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to June 6, 1929 that I last saw h. 1 m. alive on April 20, 1929, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Acute Dilatation of Heart (duration) — yrs. — mos. 1/2 hr ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
June 6, 1929 (Signed) J. Andrew Youngman, M. D
(Address) Sappington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Trinity Lutheran
DATE OF BURIAL: 6/8 1929

20. UNDERTAKER: C Hoffmeister U & L Co
ADDRESS: 7814 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.