

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

Do not use this space.

27821

1. PLACE OF DEATH

County..... Registration District No. 1237
Township..... Primary Registration District No. 123
City St. Louis Mo. (No. 2314 Salisbury St)

File No.....
Registered No. 7652
St. Ward

2. FULL NAME

(a) Residence, No. 2314 Salisbury St. 20 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Hackmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 - 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Joseph Hansmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Bolm</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Henry Hackmann</u> <u>2314 Salisbury St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Breidens</u> DATE <u>Aug 24</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>W. Reidner, Third Co</u> <u>447 N. Market St</u>		
20. FILED <u>AUG 23 1932</u> <u>Mar. C. Stork</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1931, to Aug 20, 1932
I last saw her alive on Aug 21, 1932. Death is said to have occurred on the date stated above, at 11⁰⁵ P.M.
The principal cause of death and related causes of importance were as follows:
Synthetic coma
+ Cyanosis
Diabetes Mellitus
Date of onset

Other contributory causes of importance:
59 (1)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) C. Neidman, M. D.
(Address) 4455 Highland

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

