

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

Do not use this space.

28148

1. PLACE OF DEATH

County
 Registration District No. 791
 Township Primary Registration District No. 100
 City St. Louis Mo. (No.) St. Ward)

File No.
 Registered No. 7241

2. FULL NAME

Frank Haskman
 (a) Residence, No. 6525 Pine Lawn St. 13 Ward.

(Usual place of abode)

Lincoln
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Frank Haskman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1892

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
	<u>61</u>	<u>0</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wine dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Frank Haskman

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Carol Burkart

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Leona Burns (ADDRESS) 560 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLAC St. Charles, Mo. DATE Aug. 23, 1933

19. UNDERTAKER W. Zellark (ADDRESS) 125 N. Madison St.

20. FILED 23 1933 J. F. Bredt Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1933, to Aug 21 1933
 I last saw him alive on Aug 21 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Encephalitis
17
10
136

Other contributory causes of importance:
Bronchopneumonia
Acute Nephritis
Pyemia
 Name of operation None Date of
 What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide No Date of injury....., 19.....
 Where did injury occur? No (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) John Schuchman M. D.
 (Address)

SEP 26 1933

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10

10

RESOLUTION HOSPITAL

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....) St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 7241

2. FULL NAME Frank Hackman

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1933

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

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

Esophageal cancer Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: Epidemic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED Oct 19 1933 J. Bredeck Registrar

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 John Eschenbrenner, M. D. (Signed)..... (Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

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