

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

Do not use this space  
450  
34589

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *St. Anthony's Hosp*) St. .... Ward .....

File No. ....  
Registered No. **8748**  
St. .... Ward .....

**2. FULL NAME**

*Henry F. Hackmann*  
(a) Residence, No. *4344 Gibson* St., *18* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ida Hackmann</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 21, 1870</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>63</i>	<i>4</i>	<i>15</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <i>metal smelter</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... <i>186</i>			
	10. Date deceased last worked at this occupation (month and year) ..... <i>194B</i>			
	11. Total time (years) spent in this occupation ..... <i>172A</i>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
13. NAME	<i>Frederick Hackmann</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
15. MAIDEN NAME	<i>Sara Schenbaum</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
17. INFORMANT (ADDRESS)	<i>Ida Hackmann 4344 Gibson Ave</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<i>St. Peter &amp; Paul DATE 10-9 33</i>
19. UNDERTAKER (ADDRESS)	<i>Thierhausen Morticians 4101 Manchester Ave</i>
20. FILED	<i>CGF - 4 1933 J. Brebeck Registrar.</i>

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 6* 19*33*

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

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at *10:21 P.M.*

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

*Peritonitis caused by Ruptured Hernia due to falling in building at 422 1/2 Brenton Ave, October 1st, 1933, 10:30 P.M. Accident*

Other contributory causes of importance:

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

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) *Harold K. Pollock* M.D.  
(Address) *Dep. Surgeon*

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.

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