

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41545

State File No. \_\_\_\_\_

Registration District No. 5001

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10668

1. PLACE OF DEATH: 1008 JAN 12 1940  
(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2422a N Sarah  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Tennessee Hacklen 245  
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 11  
year 1939 hour 12:00 minute 40 A.M.

4. Sex FEMALE 5. Color or race COL  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife ARTHUR HACKLEN 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased 8 27 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 24, 1939, to December 11, 1939; that I last saw her alive on December 11, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 3 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
Uterus, Degenerated Myoma 1-6 mos  
Abscess, Rubeoovarian (Ruptured) 1 mo  
Due to non malignant  
non venereal

9. Birthplace EDWARDS MISS. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 546

10. Usual occupation LAUNDRESS

11. Industry or business \_\_\_\_\_

12. Name MON ROE GORDON

13. Birthplace BIRMINGHAM ALA (City, town, or county) (State or foreign country)

14. Maiden name OLIE HARDY  
15. Birthplace BIRMINGHAM ALA (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Briggian

(b) Address 3932 PAGE BLVD.

17. (a) RURAL (b) Date thereof 12-15-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARIS

18. (a) Signature of funeral director PEOPLES BURIAL LEAGUE

(b) Address 3100 FRANKLIN AVE

19. (a) DEC 13 1939 (b) [Signature]  
(Date of local register) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) (Means of injury)  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed \_\_\_\_\_

12/15/39

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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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*R. A. Powell*

Licensed Embalmer No.

*3402*

P. O. Address

*3100 Franklin Ave*

**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 this body is not embalmed, above space should be left blank.**