

Registration District No. 7917

Primary Registration District No. _____

Registrar's No. 10875

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank X. Hackmann

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Belle Hackmann

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: March 11 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	9	18	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Himself

12. Name Joseph Hackmann

18. Birthplace Germany
(State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Belle Hackmann

(b) Address 5420 Maple Ave.

17. (a) Burial (b) Date thereof 1-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) DEC 31 1940 (b) J. A. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 5420 Maple Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1940 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from December 27th 1940 to December 29 1940
that I last saw him alive on December 29th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage (left)

Due to Arterio-sclerosis

Due to age

Other conditions: J. J. A.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration about 40 hours.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury _____

23. Signature Augustus P. Munnich (M. D. or other) _____
Address 306 Humboldt Bldg Date signed Dec 30 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.