

FILED NOV 23 1942  
**318**

Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days**  
**Life** (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME **Clarence R. Hachtmann**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased. **August 26, 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>2</b>	<b>17</b>	hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

MOTHER FATHER

11. Industry or business  
12. Name **August Hachtmann**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Louisa Hintzpeter**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Adolph Hachtmann**  
(b) Address **2359 South 9th Street**

17. (a) **Burial** (b) Date thereof **11 16 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Richard Heddick, Wood Co.**  
(b) Address **3634 Gravois Avenue**

19. (a) **14 1942** (b) **J. F. Bredek**  
(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. **2359 South 9th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **--** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13,**  
year **1942** hour **12:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 11,** 19**42**, to **November 13,** 19**42**  
that I last saw him alive on **November 13,** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Chronic nephritis**

Due to .....

Other conditions (Include pregnancy within 3 months of death) **121**

Major findings: Of operations **as above**  
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) (e) Means of injury.....

23. Signature **Louis S. Heddick** Date **11/13/42**  
Address **1515 Lafayette Avenue,** Day **11/13/42**

000  
12  
239

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Robert C. White

Licensed Embalmer No. 2128

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, fact should be so stated above.**