V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38794

Primary Registration District No. 1003

Registrar's No. 19591

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 5233 Vermont ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED: 000 17 9 15

(a) State: Mo. (b) County:

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

(d) Street No.: 5233 Vermont ave. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Mary Hacker

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William Hacker

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

7. Birth date of deceased: September (Month) 21 (Day) 1861 (Year)

8. AGE: Years 81 Months 1 Days 25 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Ferdinand Herr

13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name: Ernestine Winter

15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs Ida Leeman

(b) Address: 5233 Vermont ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 19, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.

(b) Address: 7814 S. Broadway

19. (a) DEC 19 1942 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 27 — 1942 to Dec. 16 — 1942 that I last saw her alive on Dec. 15 — 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Dropsy	
Due to: Arterio Sclerosis & Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Roman J. Strauss (M. D. or other) M.D.

Address: 4540 Virginia Av. Date signed: 12/18/42

(Licensed Embalmer's Statement on Reverse Side)

Ry. Shaw
4500 N.A.
Lo 64-1

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.