

FILED MAY 6 1943

Registration District No. ....

Primary Registration District No. 3063

1. PLACE OF DEATH: St. Louis

(a) County Clayton

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

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

(d) Length of stay: In hospital or institution 1 mon. 29 days  
(Specify whether)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 3

(c) City or town University City  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 8539 Orchard Ave  
(If rural, give location)

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

If yes, name country. /

3. (a) PRINT FULL NAME Agnes Hack

3. (b) If veteran, name war. ?

3. (c) Social Security No. ?

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edward Hack

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

7. Birth date of deceased Dec. 19 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 11 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name John McTigue

13. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Broom

15. Birthplace unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward G. Hack

(b) Address 8539 Orchard Avenue.

17. (a) Burial (b) Date thereof. 5/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd

19. (a) MAY 3 - 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1943 hour 5 minutes 30 a.m.

21. I hereby certify that I attended the deceased from 3-1-43  
to 4-30-43  
that I last saw her alive on 4-30-43  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia 4 days

Due to fractured hip (neck of femur) 2-28-43

Due to Ulcerative colitis (?) yrs.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations: None

Of autopsy: Ulcerative colitis, fractured femur, pneumonia

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) Accident. 134

(b) Date of occurrence 2-28-43 Fall at home.

(c) Where did injury occur? 8539 Orchard Ave. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home

While at work? No (Specify type of place) (e) Means of injury. Fall.

23. Signature Russell J. Henderson (M. D. or other)  
Address St. Louis County Hosp. Co. Date signed 4-10-43

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

96  
2  
3

JUN 29 1943

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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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**