

S. No. 2  
-12-45  
5-17-39  
P1 X47070

FILED SEP 30 1946 STANDARD CERTIFICATE OF DEATH

31787

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8044

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

1. PLACE OF DEATH:

(a) County St. Louis  
(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. LOUIS CITY HOSP. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 HRS.  
In this community 70 YRS.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 16  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3718 ARKANSAS  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No) 0  
If yes, name country -

3. (a) PRINT FULL NAME MARTIN HACKER.

3. (b) If veteran, name war = 3. (c) Social Security No. =

4. Sex M O 5. Color or race W. 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife GEORGIA BATES 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased SEPT 6 1858  
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 10 If less than one day hr. min.

9. Birthplace: PILSEN BOHEMIA  
(City, town, or county) (State or foreign country)

10. Usual occupation JEWELER

11. Industry or business

MOTHER FATHER { 12. Name PETER HACKER

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

14. Maiden name MARIE

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

16. (a) Informant Wm Bruce Bates

(b) Address 3126 Wyoming

17. (a) BURIAL (b) Date thereof SEPT 19, '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Wm Bruce Bates  
(b) Address 1936 St. Louis

19. (a) SEP 19 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 16  
year 46 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Fracture of Skull, 2. Laceration of brain when he was struck by a streetcar being operated by one Elbert Silas Needham at the intersection of Winnebago and Grand Avenue around 5:50 P.M., September 16, 1946.

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

Major findings of operations \_\_\_\_\_  
Of autopsy yes

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence September 16, 1946.

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
(Specify type of place)  
While at work? no (e) Means of injury streetcar

23. Signature Wm Bruce Bates (M. D. or other) \_\_\_\_\_  
Address St. Louis Date signed 9/18/46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

OCT 24 1940

*Emb cert separately.*

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 *Delid J. Krupen*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**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.