. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39714

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10870

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

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: De Paul Hospital 6
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oao

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5233 Highland Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frank G. Hackman

3. (b) If veteran, name war

3. (c) Social Security No. 494-26-2104

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 24 (Day) 1885 (Year)

8. AGE: Years 62 Months 6 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 6 (State or foreign country)

10. Usual occupation Wood Worker

11. Industry or business Retired

FATHER
12. Name Henry Hackman 0
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ellen Nieman
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Florence Hackman
(b) Address 5233 Highland Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1947 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Jan 18, 1947 to Nov. 26, 1947
that I last saw him alive on Nov. 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0
While at work? (c) Means of injury

23. Signature John G. McInerney (M. D. or other) M.D.
Address 5014 THEKLA AV. St Louis Date signed 11/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

9:30 to 12

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address 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.