FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24334

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6286

**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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 5036 N. Kingshighway 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 7 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Hacker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased December 31, 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John C. Hacker 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Miss Rose Hacker
(b) Address 5036 N Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.

19. (a) JUL 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 13 year 1948 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from June, 1948, to July 13, 1948 that I last saw her alive on 7-13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 5 days

Due to Arteriosclerosis and

Due to Hypertension — 2

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 Albert A Denk (M. D. or other)

Address 1216 Natural Bridge Date signed 7-14-48

(Licensed Embalmer's Statement on Reverse Side) ALBERT A DENK

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

## 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. Jas W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**