

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18095**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1130**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Olive St. Rd.		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) **Louise F. Hackmann**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH **May 8th, 1949**

(Month) (Day) (Year)

5. SEX **Female** / 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **March 17th, 1861**

9. AGE (In years last birthday) **88**

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Strattman, Mo.**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Julius Richt**

13b. MOTHER'S MAIDEN NAME _____

14. NAME OF HUSBAND OR WIFE **Herman H. Hackmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Clarence H. Hackmann** ADDRESS **Creve Coeur, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

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1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Heart disease**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) **Arteriosclerosis**

DUE TO (c) **Cardio Renal Vascular disease**

II. OTHER SIGNIFICANT CONDITIONS **None**

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

10 years

20 years

20 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 1929** to **May 8, 1949**, that I last saw the deceased alive on **April 30, 1949**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Leo R. Fitzgerald M.D.** (Degree of title) _____

23b. ADDRESS **601 E. Delmar Blvd. University City 5 Missouri**

23c. DATE SIGNED **May 8, 1949**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **May 11th**

24c. NAME OF CEMETERY OR CREMATORY **St. Paul's Cemetery**

24d. LOCATION (City, town, or county) **Strattman, Mo.** (State) _____

DATE REC'D BY LOCAL REG. **5-8-49**

REGISTRAR'S SIGNATURE **Thurmond L. Lunge**

25. FUNERAL DIRECTOR'S SIGNATURE **Kraeger-Voss, Inc.** ADDRESS **3402 N. Kingshighway**

WRITE PLAINLY—USING 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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Isy W Wilkinson

Licensed Embalmer No.

3575

P. O. Address

St Louis Mo

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.