

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1949

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State File No. 28112
7445

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>26st Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>24 - 2831 KEOKUK</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2831 Keokuk</u>				d. STREET ADDRESS (If rural, give location) <u>24 - 2831 KEOKUK</u>				
3. NAME OF DECEASED (Type or Print) <u>Anna Hackmann</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-49 11/55PM</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sep 22 1888</u>		
9. AGE (in years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>		IF UNDER 24 HRS. Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Herman Miemeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Sophie Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Anton (Deceased)</u>		
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Schroyer 2231 Walter</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer left breast with metastases</u>		DUPLICATE OF (a) _____				_____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUPLICATE OF (b) _____		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS				DUPLICATE OF (d) _____		
		Conditions contributing to the death but not related to the disease or condition causing death.				_____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) <u>50</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>170X</u>				
22. I hereby certify that I attended the deceased from <u>29 July, 1949</u> to <u>25 Aug, 1949</u> , that I last saw the deceased alive on <u>24 Aug, 1949</u> , and that death occurred at <u>11:55 p.m.</u> , from the cause and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles A. Nester M.D.</u>				23b. ADDRESS <u>1156 00 S. Compton</u>		23c. DATE SIGNED <u>26 Aug 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D. BY LOCAL REG. <u>AUG 27 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingbermuehle 3819 S Grand Blvd</u>			

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.

Signed *Van M. Sizemore*

Signed.....
Student Embalmer

Licensed Embalmer No. *4343*

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.