

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2842

State File No. ....

FILED JAN 26 1954

318

1003

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY OR TOWN <b>St. Louis</b> (If outside corporate limits, write RURAL and give township)		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6105 Ray Ave.</b>	

<b>3. NAME OF DECEASED</b> a. (First) <b>ALEXANDER</b> (Type or Print) b. (Middle) <b>L.</b> c. (Last) <b>HACKER</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 4 1954</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 2, 1894</b>	<b>9. AGE (In years last birthday)</b> <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salesman-Central Hardware Co.</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____

<b>13a. FATHER'S NAME</b> <b>Unknown Hacker</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bertha Roegner</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Bertha J. Hacker</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>489-09-7622</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Bertha J. Hacker 6105 Ray Ave.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia Bilateral</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>49 IX</b>	

22. I hereby certify that I attended the deceased from **Dec. 31, 1953**, to **Jan. 4, 1954**, that I last saw the deceased alive on **Jan. 4, 1954**, and that death occurred at **9:00 P. M.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title)	<b>23b. ADDRESS</b> <b>1980 Lindell Blvd.</b>	<b>23c. DATE SIGNED</b> <b>1/6/54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Jan. 8, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Galvary Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>

<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JAN 6 1954</b> 	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed *Edwin A. M. Hermet*.....

Licensed Embalmer No. *20*

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.