

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6251

State File No.

1728

No. 300
10.48
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BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			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 OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY Hospital</u>			• STREET ADDRESS (If rural, give location) <u>25 508 PINE ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>HACKING</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 23 1954</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JUNE 21 1869</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MAILER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>ROBERT HACKING</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA BENNY</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA HACKING</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STELLA HACKING 508 Pine</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper respiratory infection</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>475X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 25</u> , 19 <u>54</u> , to <u>Feb 23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>54</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Roy R Tate M.D.</u>		23b. ADDRESS <u>901 Washington</u>		23c. DATE SIGNED <u>2-23-54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>FEB. 25 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>					
DATE REC'D BY LOCAL REG. <u>FEB 23 1954</u>	REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Ruten 2906 Leavis</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Leo J. Budde*
Licensed Embalmer No. *39*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.