

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6252**
Registrar's No. **1839**

FILLED MAR 11 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Lemay 85	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 3559 Evergreen Lane	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Harry	b. (Middle) Herman	c. (Last) Hackmann	Feb. 25, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 27, 1886		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Retail Liquor Store		11. BIRTHPLACE (City and State or Foreign Country) Mehlville, Missouri	
13a. FATHER'S NAME William Hackmann			13b. MOTHER'S MAIDEN NAME Mary Lohaas		14. NAME OF HUSBAND OR WIFE Amelia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-38-3153		17. INFORMANT'S SIGNATURE OR NAME Amelia Hackmann ADDRESS 3559 Evergreen Lane 23	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic Heart Disease			DUE TO (b) arteriosclerosis			1 year		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" 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)			
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?		4200	

22. I hereby certify that I attended the deceased from Jan 1, 1953 to Feb 25, 1954, that I last saw the deceased alive on 2-24, 1954, and that death occurred at 3:02 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. J. McQuinn MD (Degree or title)		23b. ADDRESS 16 Hampton Kelly Plaza		23c. DATE SIGNED 2/27/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Old St. Johns Cemetery	
				24d. LOCATION (City, town, or county) (State) Mehlville, Mo.	

DATE REC'D BY LOCAL REG. FEB 26 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U.E.L.CO. ADDRESS 7814 S. Broadway	
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(Licensed Embalmer's Statement on Reverse Side)

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

Levin E. Hoffmann

Licensed Embalmer No. 3871

P. O. Address

7814 S Broadway

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.