

FILED FEB 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **3060**  
**0402**

BIRTH NO. \_\_\_\_\_ 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 **Missouri**  
b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Pacific Hospital 14**

e. STREET ADDRESS (If rural, give location) **5328 Bancroft 2149**

3. NAME OF DECEASED  
a. (First) **Mrs Hattie Anna**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Schack**

4. DATE OF DEATH: **Jan. 13, 1955**

5. SEX **Female**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **Oct. 17, 1886**

9. AGE (in years last birthday) **68**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 6 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Red Bud, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Charles Lutz**

13b. MOTHER'S MAIDEN NAME **Eva Yaeckel**

14. NAME OF HUSBAND OR WIFE **Henry Frank Schack**

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

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **Henry F. Schack.** ADDRESS **5328 Bancroft**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CONGESTIVE HEART FAILURE**  
ANTECEDENT CAUSES **ARTERIO SCLEROTIC HEART Dis.**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 MONTHS**  
**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 **4200**

22. I hereby certify that I attended the deceased from **Nov. 19, 1954** to **Jan 13, 1955**, that I last saw the deceased alive on **Jan. 13, 1955** and that death occurred at **12:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **R. B. Hanson M.D.** (Degree or title)

23b. ADDRESS **607 No. Grand**

23c. DATE SIGNED **1-13-55**

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

24b. DATE **Jan. 15, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Yakalla Crematory**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JAN 15 1955**

REGISTRAR'S SIGNATURE **J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **Mrs. Feiderwieden** ADDRESS **F. H. Inc. 1936 St. Louis Ave.**

WRITE PLAINLY—USING UNFAADING 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. None working under my personal supervision..

Student None  
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 349

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.