

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20700

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1442

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give town) **Normandy**

c. LENGTH OF STAY (in this place) **21 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Normandy Osteopathic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis 20**

d. STREET ADDRESS (If rural, give location) **4906 Thrush**

3. NAME OF DECEASED

a. (First) **ALWINE**

b. (Middle) _____

c. (Last) **HACHMANN**

4. DATE OF DEATH (Month) (Day) (Year) **6 22 1955**

5. SEX **Female**

6. COLOR OR RACE **Wh**

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

8. DATE OF BIRTH **11-8-1870**

9. AGE (in years, last birthday) (Months) (Days) (If under 2 hrs. Hours) (Min.) **84**

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

10b. KIND OF BUSINESS OR INDUSTRY **AT-HOME**

11. BIRTHPLACE (State or foreign country) **Berlin, Germany**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **August Gleich**

13b. MOTHER'S MAIDEN NAME **Friederike Stockhausen**

14. NAME OF HUSBAND OR WIFE **Henry J. Hachmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Kathleen Speck daughter**

ADDRESS **4904 Thrush Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic myocarditis**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Coronary thrombosis**

DUE TO (c) _____

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 MO.**

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.) **4201**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Feb 1953**, 19____, to **6-22-55**, 19____, that I last saw the deceased alive on **6-22-55**, 19____, and that death occurred at **3:29 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **H.W. Knapp M.D.**

23b. ADDRESS **4991 Thrush Ave**

23c. DATE SIGNED **6/23/55**

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

24b. DATE **6/25/55**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery, St. Louis Co., Missouri**

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **6/24/55**

REGISTRAR'S SIGNATURE **Harold R. Dombke M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **PROVOST UND. CO.**

ADDRESS **3710 No. Grand Bl.**

(Licensed Embalmer's Statement on Reverse Side)

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

A 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. E. Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.