

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**42127**

**FILED JAN 6 1956**

State File No. \_\_\_\_\_

REG. DIST. NO. **318**

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

Registrar's No. **11206**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11206</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4-days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>8523 Tara Lane</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>		b. (Middle) <b>Schaffner</b>		c. (Last) <b>Hacker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1955</b>	
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>		8. DATE OF BIRTH <b>Oct. 23, 1886</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Days <b>1</b>		IF UNDER 24 HRS. Hours <b>28</b>		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>							
13a. FATHER'S NAME <b>Fred Hacker</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Unland</b>			14. NAME OF HUSBAND OR WIFE <b>Joseph M. Hacker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Norman B. Hacker, 732 Jamaica Ct.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage or thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive vascular disease</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>myocardial failure 331X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>4 yrs +</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				20. AUTOPSY? YES <input 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 _____			
22. I hereby certify that I attended the deceased from <b>11-19</b> , 19 <b>51</b> , to <b>12-21</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>12-21</b> , 19 <b>55</b> , and that death occurred at <b>11:45 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. K. Tisdale M.D.</b> (Degree or title)				23b. ADDRESS <b>1850 Kingshighway</b>		23c. DATE SIGNED <b>12-22-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 24, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE RECORDED LOCAL REG. <b>DEC 22 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *35*.....

P. O. Address *38407*.....

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.