

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1941
Registration District No. 257

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5998

State File No. 26022
Registrar's No. 129

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Rural - St. Charles Township
(c) Name of hospital or institution: RFD #2 - St. Charles 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. St. Charles Township (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. JULIANA HACKMANN
(b) If veteran, name war _____ (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8 year 1941 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from February 23, 1941, to July 8, 1941; that I last saw her alive on July 7, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Loius Hackmann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 20th 1862 (Month) (Day) (Year)
8. AGE: Years 79 Months 2 Days 18 If less than one day hr. _____ min.

Immediate cause of death: Cerebral Apoplexy Duration 3 days
Due to Cardio renal vascular disease Several years
Due to _____
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: _____ Of operations _____
Of autopsy _____

9. Birthplace St. Charles County Mo (City, town, or county) (State or foreign country)
10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name Fritz Lehker 13. Birthplace Germany
14. Maiden name Mary Elizabeth Knud 15. Birthplace Germany
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

16. (a) Informant Leo Hackmann
(b) Address St. Charles Mo.
17. (a) Burial (b) Date thereof July 11, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Hackmann - Spue
(b) Address 326 N 6th St. St. Charles Mo
19. (a) 7-9-41 (b) Florence B. Meeker (Date received local registrar) (Registrar's signature)

23. Signature O W Jamers (M. D. or other) O.W.D.
Address 106 Wash. St. Charles Mo. Date signed 7-9-41

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arthur C. Bane*

Licensed Embalmer No. *3154*

P. O. Address *St Charles Mo.*

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.