

Joseph Hackenberg
Certificate of Death

Name: Joseph/Hackenberg
Sex: Male
Death Date: 11 May 1920
Death Place: Wheeling, Ohio, West Virginia
Age at Death: 71y 11m 7d
Burial Place:
Burial Date: 14 May 1920
Cemetery: Mt. Calvary
Funeral Home:
Birth Date: 04 Jun 1848
Birth Place: Austria
Marital Status: M
Spouse: Sophia/Hackenberg
Occupation: Mill Worker
Address: 165 29th St.
Residence: Wheeling, Ohio, West Virginia
Mother: Clara/Siegel
Mother's Birth Place: Austria
Father: Joseph/Hackenberg
Father's Birth Place: Austria
Informant:

STANDARD CERTIFICATE OF DEATH

Registered No. 493
Health Department
Wheeling, West Virginia

1 PLACE OF DEATH
County Ohio State West Virginia
Township _____ or Village _____ or
City Wheeling No. 165-29th St., 6 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Hackenberg
(a) Residence, No. 165-29th St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of Sophia Hackenberg (or) WIFE of Sophia Hackenberg

6 DATE OF BIRTH June 4 - 1848
(month, day, and year)

7 AGE Years 71 Months 11 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill Worker
(b) General nature of industry, business, or establishment in which employed (or employer) W.S. & Co. Benwood
(c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Austria

10 Name of father Joseph Hackenberg

11 Birthplace of father (city or town) (State or country) Austria

12 Maiden Name of Mother Clara Siegel

13 Birthplace of Mother (city or town) (State or country) Austria

14 Informant (Address) Frank Hackenberg
9514 East St. City

15 Filed May 13, 1920 J. A. Marschner, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 11, 1920

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1919, to May 11, 1920 that I last saw him alive on May 8, 1920 and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows
arteriosclerosis

CONTRIBUTORY Heart failure
(Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) E. L. Umbrecht, M. D.
, 19 _____ (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal. <u>Mt. Calvary Cemetery</u>	Date of Burial <u>May 14 19 20</u>
20 Undertaker <u>Frank Schneider</u>	Address <u>Wheeling W. Va.</u>

on back of certificate.