

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14644

**1. PLACE OF DEATH**

County.....

Registration District No.....

791  
1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis

(No. 5010a, Kensington Ave.,

St. .... Ward)

**2. FULL NAME** MARY MARGARET AKER

(a) Residence, No. 5010a Kensington Ave. St., 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Aker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mt. Erie, Ill. (STATE OR COUNTRY)

13. NAME Thomas Mills

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Lloyd Aker (ADDRESS) 5010a Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Ill DATE Apr 26 1932

19. UNDERTAKER Alexander and Sons (ADDRESS) 6175 Belmont St. Blue

20. FILED APR 25 1932 May C. Starnes Registrar.

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 - 1932, to Apr. 23 - 1932

I last saw her alive on Apr. 22, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis  
131  
95 = 131  
610

Other contributory causes of importance: ①  
Hypertension many years standing  
Chc. Nephritis  
Chc. Myocarditis - Arterio sclerosis general.

Name of operation..... Date of.....  
What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) Harry G. Bristow, M. D.  
(Address) 817 - 22 Union Club Bldg.  
St. Louis, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

