

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

Do not use this space.

34787

**1. PLACE OF DEATH**

City St. Louis Mo. (No. 5807 Enright Ave. St. \_\_\_\_\_ Ward) Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. VIII-53  
File No. \_\_\_\_\_ Registered No. 8952

**2. FULL NAME**

Edwin A. Ackerson  
(a) Residence, No. 5807 Enright St. 14 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daisy A. Ackerson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29 - 1862</u>		
7. AGE YEARS <u>71.</u>	MONTHS <u>3.</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Not employed</u>		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Ill</u>		
13. NAME <u>Henry Ackerson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Unknown Spear</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Daisy A. Ackerson</u> (ADDRESS) <u>5807 Enright Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>Oct. 17 - 1933</u>		
19. UNDERTAKER <u>Ambruster, Inc &amp; Co</u> (ADDRESS) <u>4234 Merchants Ave</u>		
20. FILED <u>J. H. Hurdick</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1933 to Oct 14 1933  
I last saw him alive on 10-14 1933 Death is said to have occurred on the date stated above, at 11:22 P.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myeloid leukemia  
930  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic arteriosclerotic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? himself Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) Martin J. Spear, M. D.  
(Address) 721 Olive St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

10-15-33

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Dr. Kline  
Feb 1901