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.

REC'D JAN 11 1939

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

40912
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10604
(c) City ..... (d) Street No. 4218 N. 9 Str St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2165 William Ackermann
(a) Residence, No. 4218 N. 9 Str St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF: Elizabeth Ackermann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/7/1889
7. AGE: YEARS 49 | MONTHS 5 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cooper
9. Industry or business in which work was done, as saw mill, bank, etc.: Unemployed
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

FATHER
13. NAME: Julius Ackermann 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 0

MOTHER
15. MAIDEN NAME: Mary Diller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Eliza beth Ackermann
4218 N. 9 Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 12/10/38 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. A. Stock Und. Co.
2117 E. Grand Blvd.
20. FILED: DEC 9 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 7. 1938 19

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1938, to Dec 6, 1938
I last saw him alive on Dec. 6, 1938 Death is said to have occurred on the date stated above, at 8.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 30th 1938
Other contributory causes of importance: Cyrrhosis of the liver and Chronic nephritis	Year ago.

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? .....

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) Nicholas Klym M. D.
(Address) 1105 Salisbury St

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.