DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34319

Registration District No. 791 Primary Registration District No. Registrar's No. 8857

1. PLACE OF DEATH: 1003

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 Walnut Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Aikens 252
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ELIZABETH
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 10 (Month) 4 (Day) 1876 (Year)
8. AGE: Years 63 Months 0 Days 12 If less than one day hr. min.
9. Birthplace SPARTA (City, town, or county) ILLS (State or foreign country)
10. Usual occupation UNEMPLOYED
11. Industry or business

FATHER
12. Name JOSEPH AIKENS
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNK (State or foreign country)

16. (a) Informant's own signature LAURA WILLIAMS
(b) Address CHICAGO, ILLS.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/19/39 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 17 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 1939 hour 1:15 minute P. M.
21. I hereby certify that I attended the deceased from 10-6- 1939 to 10-16- 1939; that I last saw him alive on 10-16- 1939 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage and Right Hemiplegia — 5-6 yrs.
Due to Hypertensive Heart Disease — 11 days
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury
23. Signature Leon A. Smart (M. D. or other)
Address 2601 N. Whittier St. Date signed 10-17-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19811

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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, above space should be left blank.