

FILED FEB 17 1940 791

Registration District No.

Primary Registration District No.

Registrar's No.

354

1. PLACE OF DEATH:

(a) County St. Louis 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
820 Hamilton Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years
 (Specify whether years, months or days)
 In this community 30 years

3. (a) PRINT FULL NAME CHARLES AKER 2603. (b) If veteran,
name war --3. (c) Social Security
No. --4. Sex Male 5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Margaret Aker6. (c) Age of husband or wife if
alive years7. Birth date of deceased April 4 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>8</u>	hr. min.

9. Birthplace Salem Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Retired Foreman11. Industry or business American Car & Foundry Co12. Name Benjamin Aker 113. Birthplace Penn.
(City, town, or county) (State or foreign country)14. Maiden name Mary Pruitt15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wallace Aker(b) Address 826 Hamilton17. (a) Burial (b) Date thereof 1-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salem, Ill.18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar19. JAN 12 1940 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 5
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 820 Hamilton Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day January
year 1940 hour 12 minute 30 a.m.21. I hereby certify that I attended the deceased from 1935
19 to January 12, 19 40that I last saw her alive on January 11, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarct 12 hrsDue to Ch. Myocardialis 54MCh. Tuberculosis infecta 54MDue to Senile changes 104M
HypertensionOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations --Of autopsy --

Duration

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?

While at work? -- (Specify type of place) (e) Means of injury --23. Signature J. P. [Signature] (M. D. or other)Address 705 N. Kings Highway Date signed Jan 12 40

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.....

Robert C. White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed *J. W. Binkley*
Licensed Embalmer No. *3653*
P. O. Address *Saint Louis*

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.