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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12688

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3118

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes, Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.

(c) City or town University City.
(If outside city or town limits, write "RURAL")

(d) Street No. #7384 Westmoreland, Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARION R. ACKERMAN.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Frank Ackerman.

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Dec. 22, 1899 (Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Fort Madison, Iowa. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER

12. Name James A. Rowland.

13. Birthplace Saint Ausgar, Iowa (City, town, or county) (State or foreign country)

14. Maiden name Polly Eakins.

15. Birthplace England. (City, town, or county) (State or foreign country)

16. (a) Informant Mr Frank Ackermen.

(b) Address #7384 Westmoreland, Ave.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 4/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) APR - 9 1941 (Date received local registrar) (b) J. F. Bredrch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1941 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of both lungs; Oedema of Brain; Cyclo-Propane Anesthesia; following an operation

Due to at St. Luke's Hospital for a tumor of the pelvis on April 8th,

Due to 1941, at 10:10 A.M.

Hosp.

Other 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 (M. D. or other)

Address Date signed 4/9/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1943

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 Bradford A. Mile

Licensed Embalmer No. 2901

P. O. Address St Louis M

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

If this body is not embalmed, fact should be so stated above.