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V. S. No. 2
FORM-9-4-41
Rev. 5-17-39
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1865

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

FILED MAR 17 1942 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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. Louis City Hospital #1
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 1 Mo., 8 Days
(Specify whether years, months or days)

In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4818 No. 93 Str.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julius Ackermann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ackermann 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Feb. 26, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Glassblower

11. Industry or business _____

12. Name John Ackermann

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Harry Ackermann
(b) Address 3132a Rolla Pl.

17. (a) Burial (b) Date thereof 3/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd.

19. (a) FEB 28 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26, year 1942 hour 1:00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from December 18, 1941 to February 26, 1942 (that I last saw him alive on February 26, 1942 and that death occurred on the date and hour stated above.)

Immediate cause of death Senile dementia month

Due to No other cause

Due to _____

Other conditions 16 2 a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none performed

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 2

23. Signature [Signature] (M. D. or D. O.) _____
Address 1515 Lafayette Avenue Date signed 2/26/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 comply with the above constitutes grounds for revocation of license.)

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