V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19357

State File No.

FILED JUN 30 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5669

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
2149 Clifton Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
20 Years In St Louis. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 3

(a) State Missouri (b) County

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

(d) Street No. 2149 Clifton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME VIOLA AKERS.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Akers.

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

7. Birth date of deceased Dec 7th 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	6	11	hr. min.

9. Birthplace ILLINOIS (City, town, or county) 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Joseph Salhause
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Margeret Slagle
15. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Lee Flanagan
(b) Address 3851 DeTonty.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/43 (Month) (Day) (Year)
(c) Place: burial or cremation New 88 Pt Paul Tenn

18. (a) Signature of funeral director Thos Kutis Son
(b) Address 2906 Gravois Ave.

19. (a) JUN 21 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1943 hour 10 30 P.M. minute M.

21. I hereby certify that I attended the deceased from Feb 5th 43, 19, to June 18, 1943
that I last saw her alive on Apr 2nd, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Haemorrhage Tuberculosis	1931
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? no (e) Means of injury none

23. Signature T. A. O'Brien O.M.D. (M. D. or other)
Address No 8-1657 So Grand Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

1657 S. Grand
o Burn
La 9365

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grand ave.

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.