

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week & 1 day
(Specify whether
In this community 11 months
years, months or days)

3. (a) PRINT FULL NAME

Akes, Charles

3. (b) If veteran, name war No

3. (c) Social Security No. 490-01-3353

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Oct. 23rd 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 9 20 hr. min.

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

10. Usual occupation Parts Man
11. Industry or business Chevrolet Motor Co.

MOTHER FATHER
12. Name Richard Akes
13. Birthplace Williamsville, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Napier
15. Birthplace Williamsville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Akes
(b) Address 810 Park Ave

17. (a) 1943 (b) Date thereof 8/14/43
(Day, month, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Ship Poplar Bluff, Mo.

18. (a) Signature of funeral director A. W. M. Laughlin
(b) Address 2301 Lafayette Ave.

19. (a) Aug 17 1943 (b) J. F. Brudick
(Date received local residence) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 923
(d) Street No. 810 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1943 hour 8:00 minute pm. M.
21. I hereby certify that I attended the deceased from Aug. 5th
1943 to Aug. 13 1943
that I last saw him alive on Aug. 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease Duration

Due to Wiskup
Due to H.H.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Hepatomegaly + splenomegaly
Of operations & severe hepatitis
Of autopsy chronic
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. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 8/14/43

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

7A06
9072

7A06
9072

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..... *L. R. Cooper*.....

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.