

FILED DEC 23 1948

1003

10982

Registration District No.

Primary Registration District No.

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
6655 Mitchell
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ronald Wayne Akley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased December 9, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

12. Name Lawrence Akley 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Flora Lawther
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lawerene Akley
(b) Address 6655 Mitchell

17. (a) Burial (b) Date thereof 12/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4254 Manchester

19. (a) DEC 12 1943 (b) J. T. Bruch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1943 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 9, 1943 to Dec 10, 1943
that I last saw him alive on Dec 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Hemorrhagic Pneumonia Duration 16 hrs

Due to Erythro Blastosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/2/1

Major findings: Of operations _____
Of autopsy Missouri Baptist Hospital

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. T. Bruch (M. D. or dentist)
Address 444 87 or 88th Street Date signed 12/11

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

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.

Not embalmed

Signed..... *Henry Eynck*.....
Licensed Embalmer No..... *1284*.....
P. O. Address..... *St Louis Mo*.....

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.