

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7441

FILED MAR 23 1945 818

Primary Registration District No. 1003

Registrar's No. 2184

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Albert C. Ackermann3. (b) If veteran, Yes - World War I name war _____ 3. (c) Social Security No. 14. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Divorced6. (b) Name of husband or wife Mary M. 6. (c) Age of husband or wife if alive 45 years7. Birth date of deceased Dec. 15 1895
(Month) (Day) (Year)8. AGE: Years 49 Months 2 Days 19 If less than one day _____ hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation St. Louis City Fireman

11. Industry or business

12. Name Frank Ackermann13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary A. Klein15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mary A. Klein
(b) Address 5021 Alexander17. (a) Cremation (b) Date thereof Mar. 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation: Missouri Crematory18. (c) Signature of funeral director Harold Alderle(b) Address 3634 Gravois Ave.19. (a) MAR 7 1945 (Date received local registrar) J. F. Busch (Registrar's signature)

12. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5021 Alexander
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral GyriosisDue to 83Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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? _____

(Specify type of place) _____
While at work? _____ (a) Means of injury _____23. Signature Alfred J. Perry (M. D. or other) _____Address 2024 E. Cotton Date signed 3/7/45

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed

Frank J. Ireland

Licensed Embalmer No.

2675

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.