

No. 2
OM-5-43
v. 5-17-39
1 X3667

FILED JUL 12 1946

Registration District No. **318**

Primary Registration District No. **1003**

JUL 3 '46

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

20355

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: Missouri Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph Henry Akerman

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

4. Sex M. S. **5. Color or race** W. **6. (a) Single, widowed, married, divorced** married

6. (b) Name of husband or wife Mary Reese **6. (c) Age of husband or wife if** _____
alive 4.0 years

7. Birth date of deceased January 11 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Switchman

11. Industry or business Terminal R.R.

12. Name Yubanawa **9**

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

14. Maiden name Mary Lowe

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

16. (a) Informant Miss Mary Akerman

(b) Address 1418 Cleveland Ave

17. (a) Burial **(b) Date thereof** July 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope, Belleville, Ill.

18. (a) Signature of funeral director Nell Walsh Barnes

(b) Address East St. Louis, Ill.

19. (a) JUL 1 1946 **(b) J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 994

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1418 Cleveland Ave NKR
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 9 minute 50 p M.

21. I hereby certify that I attended the deceased from June 4 1946, to June 27 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas **Duration** 6 months

Due to _____

Due to Holc

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of pancreas **PHYSICIAN** _____

Of operations _____

Of autopsy _____

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? _____

23. Signature John T. Vanover (M. D. or other) MD
Address 1755 So. Grand Date signed June 28 46

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 *Phillip Ogden*
Licensed Embalmer No. *7091*
P. O. Address *1421 N. 43 St.*

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.