

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28004**

FILED AUG 25 1951

1003

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG.-DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, indicate before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 5.119		
c. LENGTH OF STAY (in this place)		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		
d. STREET ADDRESS 2520 Marcus				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) ack c. (Last) Herman		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Jan 14 1868	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Confectionery		11. BIRTHPLACE (State or foreign country) Flint Michigan
12. CITIZEN OF WHAT COUNTRY? USA.				
13a. FATHER'S NAME Edward Ackerman		13b. MOTHER'S MAIDEN NAME Catherine King		14. NAME OF HUSBAND OR WIFE Cleveland Ackerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cleveland Ackerman ADDRESS 2520 Marcus
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF A CEREBRAL ARTERY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 25, 1951 , to Aug. 6, 1951 , that I last saw the deceased alive on Aug. 6, 1951 , and that death occurred at 10:25 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Philip S. Norman (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 8-7-51
24a. BURIAL/CREMATION/REMOVAL (Specify) Cremation		24b. DATE 8-8-51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home 167 Hamilton		
DATE REC'D BY LOCAL REG. AUG 7		REGISTRAR'S SIGNATURE J. B. Foster		

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

This certificate issued by St. Louis City Hospital was blank on this side and space indicated for embalmers signature.

Hoppe Inc.

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

John S. Kennedy

Licensed Embalmer No. 4194

P. O. Address _____

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.