

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42708

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11073**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY 2199	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 4211 Lawn Ave,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elnora b. (Middle) B c. (Last) Akers			4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 5 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Russel Baker	13b. MOTHER'S MAIDEN NAME Unknown--Rubideau	14. NAME OF HUSBAND OR WIFE Wilbur D. Akers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm, W. Akers 451 George Kirkwood
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left Breast c		
	ANTECEDENT CAUSES Some mastectomies		
	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X
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22. I hereby certify that I attended the deceased from **July 12, 1949** to **12/13, 1951**, that I last saw the deceased alive on **12/13, 1951**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. W. Akers M.D.	23b. ADDRESS 3720 Washington St. Saint Louis Mo.	23c. DATE SIGNED 12/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-15-51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood 22 Mo.
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DATE REC'D BY LOCAL REG. DEC 14 1951	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Kirkwood 22 Mo.
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WRITE PLAINLY---USING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

William H. Fitzinger

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood 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.