

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20116

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5454**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (If in place) **Lifetime**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **City Hospital # 1**
• STREET ADDRESS (If rural, give location) **26 2519a N. Florissant Ave 2269**

3. NAME OF DECEASED (Type or Print)
a. (First) **VIRGINIA** b. (Middle) **C.** c. (Last) **HOPKINS-ACKERMANN**
4. DATE OF DEATH (Month) (Day) (Year) **June 15, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **May 29, 1900** 9. AGE (In years last birthday) **54** UNDER 1 YEAR Months Days UNDER 22 YRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, MO** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Edward Reagan** 13b. MOTHER'S MAIDEN NAME **Margaret Hodgens** 14. NAME OF HUSBAND OR WIFE **Julius Ackermann deceased**

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. **492-24-8154** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Vera Owens 1430 Mallinckrodt Street**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Chronic Glomerulonephritis**
DUE TO (c) **with uremia**
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 NO

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) **592X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Patrick C. Taylor Coroner** 23b. ADDRESS **21300 Clark** 23c. DATE SIGNED **6/17/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6-18-54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, MO**

DATE REC'D BY LOCAL REG. **JUN 17 1954** REGISTRAR'S SIGNATURE **J. C. Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **SUEDMEYER & SON'S 3934 N. 20th Street**

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

209 0

m & B

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.....
Signature of Student Embalmer

Signed *Neville B. Frohwitter*

Licensed Embalmer No. *369*

P. O. Address *3934 N 20th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.