

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13058

Registrar's No. 3402

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 13058		Registrar's No. 3402	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>2 Hrs.</b>		c. CITY OR TOWN <b>Spanish Lake</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hosp.</b>					e. STREET ADDRESS (If rural, give location) <b>12443 Spanish Pond Rd.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>JULIUS</b>		c. (Last) <b>ACKERMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12-19-1886</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Supervisor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Julius Ackermann</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Diller</b>			14. NAME OF HUSBAND OR WIFE <b>Gertrude Ackermann</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-36-9223</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Ackermann</b> ADDRESS <b>12443 Spanish Lake</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart failure</b>									
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>									
DUE TO (c) <b>Pneumonia, left lower lobe</b>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1 week.</b>									
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? <b>4200</b>				
22. I hereby certify that I attended the deceased from <b>April 12, 1955</b> , to <b>April 15, 1955</b> , that I last saw the deceased alive on <b>April 12, 1955</b> , and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Norman G. James, M.D.</b> (Degree or title)					23b. ADDRESS <b>9903 Diamond Dr. (15)</b>			23c. DATE SIGNED <b>4-15-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/18/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL <b>APR 16 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>W.A. Stock</b> ADDRESS <b>2117 E. Grand Blvd.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hallbach

9901 Beaumont Dr.

UN 7-3300

1.  
10000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank A. Moore*.....

Licensed Embalmer No. 309

P. O. Address 2117 E

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.