

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006954

STATE FILE NUMBER

1812

FILED MAR 10 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

Health, Welfare, Public Service

300

-57

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1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PINE LAWN 4161		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL		Length of stay in lb 4 WEEKS		d. STREET ADDRESS (If outside, give location) 6235 CRESTON AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EARL S. ACKER				4. DATE OF DEATH Month Day Year FEB. 13, 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 21, 1887		9. AGE (In years last birthday) 70	10. FUNDING YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUG CO.		10b. KIND OF BUSINESS OR INDUSTRY DRUG MANUFACTURER		11. BIRTHPLACE (City and state or country) BANSVILLE NEW YORK		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME LESTER ACKER			13b. MOTHER'S MAIDEN NAME FANNIE WALKER			14. NAME OF HUSBAND OR WIFE EDITH ACKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-09-9100		17. INFORMANT Address EDITH ACKER 6235 CRESTON AVE.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction</i> DUE TO (b) <i>Coronary thrombosis</i> DUE TO (c) <i>420.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus, Heart Generalized arteriosclerosis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>10-8-56</i> , to <i>2-13-58</i> and last saw ^{her} _{him} alive on <i>2-12-58</i> Death occurred at <i>730 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Murray Chesky MD</i>				22b. ADDRESS <i>6223 Natural Bridge</i>		22c. DATE SIGNED <i>2-14-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE FEB. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.		
24. FUNERAL DIRECTOR ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE				25. DATE RECD. BY LOCAL REG. FEB 15 58		26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i> <i>acm</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in describing diseases in Part I must be causally related.

DR CHINSKY

62 - ~~State Bridge~~
EVS-7501

AFTER 6:00 PM THUR
AFTER 10:30 AM FRI.

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 M W Rueter

Licensed Embalmer No. 4865
P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.