

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027543

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2159

AMENDED

FILED AUG 11 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo.	Length of stay in 1b	c. CITY OR TOWN Webster Groves	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA County Hosp.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1122 So. Elm	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DEANE F. AKERS	4. DATE OF DEATH Month Day Year July 31, 1961
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-13-26	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Dept.	10b. KIND OF BUSINESS OR INDUSTRY S. W. Bell Tele.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John D. Akers	13b. MOTHER'S MAIDEN NAME Jessie Snead	14. NAME OF HUSBAND OR WIFE Martha 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) Yes W. W. II	17. INFORMANT Address Wm. M. Price Jr., 201 E. Jackson
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH ? 2 days
IMMEDIATE CAUSE (a)	Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic Heart Disease	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from July 31, 1961 only and last saw ^{her} him alive on July 31, 1961 Death occurred at about 5:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE John M. Winter (Degree or title)	22b. ADDRESS 634 N. Grand, St. Louis Mo	22c. DATE SIGNED 8/1/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-3-61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves	25. DATE RECD. BY LOCAL REG. 8-1-61	26. REGISTRAR'S SIGNATURE John C. Mumphy M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1155 So. Elm
 Webster Groves
 St. Louis
 11-13-28
 W. W. Price Jr., 301 E. Jackson
 St. Louis, Mo.
 490-20-3403
 W. W. Price Jr., 301 E. Jackson
 St. Louis, Mo.
 490-20-3403
 W. W. Price Jr., 301 E. Jackson
 St. Louis, Mo.
 490-20-3403

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 Leslie Welch

Licensed Embalmer No. 4395
 P. O. Address Webster Groves

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.