

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11096

1. PLACE OF DEATH

County..... Registration District No. 837
 Township..... Primary Registration District No. 3111153
 City St Louis Mo (No. 2200 S. 18th St) St. _____ Ward _____
 File No. _____ Registered No. 2948

2. FULL NAME Vernon G. Aka

(a) Residence. No. _____ St. 3 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23rd 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Frank aka

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elsie Feld

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)

14. INFORMANT Frank aka
 (Address) 2200 S 18th St

15. FILED March 27 1923 Max S. Starceoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1923

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 910 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

154
Immature Birth
due to fall to floor of Mother
 (duration) yrs. mos. ds.

CONTRIBUTORY Accident
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161W
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Vernon G. Aka
3/19 1923 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Pauls DATE OF BURIAL March 20 1923

20. UNDERTAKER J. J. Lehman L. & Co ADDRESS 2329 S. Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

