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

Do not use this space.
3635

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 231

Township ..... Primary Registration District No. 1093 ..... Registered No. .....

City St. Louis City Hospital (No. ..... St. ..... Ward)

2. FULL NAME Michael R. Reagan alias Herman C. Ackermann

(a) Residence. No. 1423 Botanical St. 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29. 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	6	4	

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

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

PARENTS
10. NAME OF FATHER Julius Ackermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Virginia Reagan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

14. INFORMANT City Hospital Records
(Address) City Hospital

15. FILED JAN -5 1929, 19 ..... Chas. C. Norkett Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 3, 1929, that I last saw him alive on Jan 3, 1929, and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laryngeal diphtheria

10 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry C. Westermann M.D.
1/3, 1929 (Address) City Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary — DATE OF BURIAL 1/7 1929

20. UNDERTAKER Berwick Nelson — ADDRESS 1138 N 6th

Ackerman