

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

Do not use this space.

9985

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1123 File No. _____
Township Carrondelet Primary Registration District No. 6248 B -Registered No. 83
City _____ (No. St. Rose Sanitarium St. _____ Ward _____)

2. FULL NAME Christine Ackermann
(a) Residence, No. Route # 1 St. _____ Ward. Red Bud, Illinois
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 29 1934

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WHO IS THE DECEASED (OR) WIFE OF Henry Ackermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
35 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

13. NAME Martin Nagel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Henry Ackermann
(ADDRESS) Red Bud, Ill

18. BURIAL, CREMATION OR REMOVAL PLACE Red Bud, Ill DATE 3-12 1932

19. UNDERTAKER C. Hoffmeister & Co
(ADDRESS) 1814 Broadway

20. FILED Apr 9 1932 L. C. Brock
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1932, to March 9 1932
I last saw her alive on March 9 1932 Death is said to have occurred on the date stated above, at Red Bud, Ill.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1925

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Winston D. Smith M. D.
(Address) 9101 So. Broadway
St. Louis, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. 6. No. 2.

AUG 18 1954