

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

Do not use this space.

33707

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. *100000*
City..... *St. Louis* (No. *Christian Hospital*)

File No.....
Registered No. *8999*
St..... Ward.....

2. FULL NAME

Viola May Akers
(a) Residence, No. *1081 N. Pennsylvania Ave* 9 Ward.

University City
(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Charles F. Akers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 17, 1881*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home 295*

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

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) *Cincinnati Ohio*

13. NAME *Unknown Hebler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Unknown Savage*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT *Charles P. Akers*
(ADDRESS) *1081 N. Pennsylvania Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem* DATE *Oct. 11, 1933*

19. UNDERTAKER *Drehermann Handel*
(ADDRESS) *1905 Union Blvd*

20. FILED *OCT 10 1933* *Max C. Starkloff* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 8, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *10-6-33*, 19... to *10-8-33*, 1933.
I last saw her alive on *10-8-33*. Death is said to have occurred on the date stated above, at *5:20 P.M.*
The principal cause of death and related causes of importance were as follows:

Measenteric thrombosis 10-7-32
bowel resection
Other contributory causes of importance: *None*

Name of operation *bowel resection* Date of *10-7-32*
What test confirmed diagnosis *examined* 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 *W. H. Sporenman*, M. D.
(Signed) *W. H. Sporenman*, M. D.
(Address) *1506 St Louis Ave*

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.

Be W Spalman

15th + St L

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