

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

Do not use this space.

1. PLACE OF DEATH **JUL 8 - 1937**

791
1003

22044

County

Registration District No.

File No.

Township **St. Louis, Mo.**
City

Primary Registration District No.

Registered No.

(No. **MASONIC HOME of Mo.**)

8 St. Ward)

2. FULL NAME **Lee R. Aker**

(a) Residence, No. **5351 Delmar Blvd.** St. **12** Ward. **1**
(Usual place of abode)

Length of residence in city or town where death occurred **6** yrs. **6** mos. **18** 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 1, 1852**

7. AGE YEARS **84** MONTHS **8** DAYS **9** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Farmer**
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) **Clay County, Missouri**
(STATE OR COUNTRY)

13. NAME **Martin J. Aker,**

14. BIRTHPLACE (CITY OR TOWN) **Bourbon Co., Kentucky**
(STATE OR COUNTRY)

15. MAIDEN NAME **Ann Rollin,**

16. BIRTHPLACE (CITY OR TOWN) **Bourbon Co., Kentucky.**
(STATE OR COUNTRY)

17. INFORMANT **Thelma Thaller**
(ADDRESS) **5351 Delmar Blvd. St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Smithville Mo.** DATE **June 10, 1937**

19. UNDERTAKER **Alexander & Sons**
(ADDRESS) **617 S. Delmar**

20. FILED **JUN 12 1937** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10, 1937**, 19

22. I HEREBY CERTIFY, That I attended deceased from **April 22, 1937** to **June 10, 1937**

I last saw **him** alive on **June 10, 1937**, 19..... Death is said to have occurred on the date stated above, at **1.25 P. M.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver 2 month

Other contributory causes of importance: **Senility** 2 month

Name of operation

What test confirmed diagnosis? **Phy. Ex.** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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) **Shon Geringer, M. D.**

(Address) **508 N. Grand St. St. Louis**

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.

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