S. No. 2
-11-10-39
5-17-39
PI X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30773

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8050

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 23 days (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 Armstrong
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HENRY AKINS

3. (b) If veteran, name war

3. (c) Social Security No. 411-14-266

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 8 (Day) 1923 (Year)

8. AGE: Years 17 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Kenton, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Henry Akins
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mayes Walker
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Walker
(b) Address 2227 Market

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 9/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Kenton, Tenn.

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So. Jefferson

19. (a) SEP 27 1940 (Date received by registrar) (b) J. F. Brieden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1940 hour 4:10 minute P M.

21. I hereby certify that I attended the deceased from August 3, 1940, to Sept 25, 1940;
that I last saw him alive on Sept 25, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Pneumonia	7-8wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 844 (Specify type of place)
While at work? (e) Means of injury

23. Signature Edel W. Lutosh (M. D. or other)
Address 2601 N Whittier Date signed 9/26/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. S. J. Watson

Licensed Embalmer No. 869P

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.