S. No. 2
1—9-4-41
7. 5-17-39
P1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19325

Registrar's No. 5728

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

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16

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

(d) Street No. 3711 Phillips Pl.
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katherine Acksel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Herman Acksel

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

7. Birth date of deceased Ukn. (Month) About (Day) 1871 (Year)

8. AGE: Years About 70 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Christ Lenhard
13. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Katherine Juhlin
(b) Address 3711 Phillips

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. E. Mordell
(b) Address 1926 Allen Ave.

19. (a) JUL 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 1 minute 15P. M.

21. I hereby certify that I attended the deceased from 6-11-42 19 to 7-3-42, 19
that I last saw her alive on 7-3-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chr. Interstitial nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work (e) Means of injury 0

23. Signature [signature] (M. D. or other) M D

Address 4930 [illegible] Date signed 7-4-42

(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. Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address. 1726 Allen

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

If this body is not embalmed, fact should be so stated above.