

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21680

State File No. _____
Registrar's No. 15-72

Registration District No. 161

Primary Registration District No. 5394

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HILL INF. S. EUREKA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 YR / NO 3 DAYS (years, months or days)

3. (a) PRINT FULL NAME ALBERT ACRUMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or Race White 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 8 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 21 hr. min.

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

10. Usual occupation SALESMAN - RETIRED

11. Industry or business SALES

12. Name E. A. ACRUMAN
13. Birthplace ALA. (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH GRAY
15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant BRO. PATRICK - O.S.F.
(b) Address ST. JOSEPH'S HILL INF. EUREKA

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 29 May 1943 (b) J. A. Townsend (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. LOUIS
(c) City or town CLAYTON, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 521 W. Polo Drive (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 19 43 to May 29th 19 43
that I last saw him alive on May 29th 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterio Sclerotic Cardio-Vascular Disease
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Albert Townsend (M. D. or P. M.)
Address 4 Regline Drive Date signed 5-30-43

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

MOTHER FATHER

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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

Rebecca S. Bopp

Licensed Embalmer No.

3042

P. O. Address

Clayton, Mo

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.

MISSOURI DEPT. OF HEALTH