

FILED JUL 31 1943 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish 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 **Mo.** (b) County **000**
17
 (c) City or town **St. Louis, Mo.** **910**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3940A Sullivan Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Minnie Ackenhausen**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 2nd, 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **2** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Pilot Knob, Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Voges**
 13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Germany** **2**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melba Ackenhausen**
 (b) Address **3940A Sullivan Ave.**

17. (a) **Entombment** (b) Date thereof **7/24/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Kraeger-Voss-Fix**
 (b) Address **3402 N. Kingshighway**

19. (a) **11 21 43** **J. F. Bradeck**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
 year **1943** hour **6** minute **A.**

21. I hereby certify that I attended the deceased from **July 18**
 19**43** to **July 21** 19**43**
 that I last saw her alive on **July 20** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage **4 days**
 Due to **Hypertension** **?**

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)
 (b) Means of injury _____
 23. Signature **Albert E. Tansley** (M.D. or other) **M.D.**
 Address **4500 Olive St. - St. Louis** Date signed **7/21/43**

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

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.....

Albert W. Hays

Licensed Embalmer No.....

1861

P. O. Address.....

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.