V. S. No. 2
00M—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26023

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7186

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: Chase Hotel - 212 N. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community abt 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Chase Hotel - 212 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine H. Ackerman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race We

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

6. (b) Name of husband or wife Leopold Ackerman

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

7. Birth date of deceased March (Month) 11 (Day) 1873 (Year)

8. AGE: Years 71 Months ~~8~~ 5 Days 5 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Herman Emanuel

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Morris Rosenthal
(b) Address 4931 Lindell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/44 (Month) (Day) (Year)
(c) Place: burial ~~Cremation~~ Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) AUG 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th year 1944 hour 8 40 minute a M.

21. I hereby certify that I attended the deceased from March 1940 to Aug 16 1944 that I last saw her alive on Aug 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Hypertensive Heart Disease	8 yrs.
Arteriosclerosis, general	13 yrs
Due to Cholelithiasis	13 yrs
Colitis	13 yrs

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

23. Signature Karl Rosenberg (M. D. or other) M.D.
Address 3720 Washington Date signed 8/17/44

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1944

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 John Ogonoski

Licensed Embalmer No. 3398

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.