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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25363

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2032

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: Pronounced dead at Alexian Bro Hosp.
(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
(c) City or town St. Louis 171
(If outside city or town limits, write "RURAL")
(d) Street No. 301a Dover 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward L. Ackermann
3. (b) If veteran, name war No
3. (c) Social Security No. 493-09-9865
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Laura
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 29 1894 (Month) (Day) (Year)
8. AGE: Years 51 Months 2 Days 11 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Bricklayer
11. Industry or business
FATHER 12. Name George L. Ackermann
13. Birthplace Belleville (City, town, or county) Ill. 1 (State or foreign country)
MOTHER 14. Maiden name Agnes Wade
15. Birthplace Hecker (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Mrs. Laura Ackermann
(b) Address 301a Dover
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter-Paul
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan
19. (a) AUG 10 1945 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1945 hour 9 minute 00 A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Fractured skull Subdural hemorrhage of Brain
Due to when he fell from scaffold while working at 8900 So Broadway around 8:05 A.M. Aug. 9 1945
Due to
Duration
Other conditions (Include pregnancy within 3 months of death) 186
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) Accident
(b) Date of occurrence Aug 9 1945
(c) Where did injury occur? St Louis (City or town) (County) 000 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? Yes (e) Means of injury Fall
23. Signature [illegible] (M.D. or other)
Address Alexian Bros. Hosp. Date signed 8/10/45

(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

George N.Archambault, Registered Apprentice No. XXXXXXX,

working under my personal supervision.

Signed

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.