

FILED NOV 23 1945
318

STANDARD CERTIFICATE OF DEATH

1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9943**

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:
3622 N. Wharf Street
(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 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 26

(d) Street No. 3622 N. Wharf Street
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Nick Ackermann

3. (b) If veteran, name war No

3. (c) Social Security No. Nane

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Fannie Ackermann

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 25 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Night Watchman

11. Industry or business Auto Salvage Co

12. Name Nick Ackermann

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

14. Maiden name Katherine Clements

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

16. (a) Informant Mrs. Katherine Lindemann
(b) Address 3161 N. 13 Street

17. (a) Burial (b) Date thereof 11/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 Street

19. (a) NOV 16 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 25
1944 to Nov. 15 1945
that I last saw him alive on Nov. 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death valvular heart disease

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 George D. Mueller (M. D. or other) 0
Address 2504 N. 14 Date signed Nov. 16/45

Duration not known

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. J. Peterson

Licensed Embalmer No. 3167

P. O. Address Overland, 41116

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.