

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42234

State File No. 11033
Registrar's No.

| | | | | | |
|---|---|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo. | | c. LENGTH OF STAY (in this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | d. STREET ADDRESS (If rural, give location) 12 - 275 N. Union |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Stones Nurseing Home | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Isaac | | b. (Middle) _____ | c. (Last) Ackerman | 4. DATE OF DEATH (Month) (Day) (Year) Dec, 22, 1949 | |
| 5. SEX Male | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. | 8. DATE OF BIRTH Dec. 17, 1855 | 9. AGE (In years last birthday) 94 | IF UNDER 1 YEAR Months _____ Days _____ |
| IF UNDER 2 HRS. Hours _____ Min. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY Cattle dealer | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Ackerman | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Laura | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME 7246 Wydown | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 10 years 70 years |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 93rd | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/23/49 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Home | | |
| 22. I hereby certify that I attended the deceased from Feb , 19 47 , to Feb 22 , 19 49 , that I last saw the deceased alive on Feb 19 , 19 49 and that death occurred at 12:00 m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) William J. Caswell M.D. | | 23b. ADDRESS 216 S. Kingsley | | 23c. DATE SIGNED 22 Dec 49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/23/49 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. DEC 23 1949 | | REGISTRAR'S SIGNATURE J. B. Pasater | | 25. FUNERAL DIRECTOR'S SIGNATURE W. M. ... ADDRESS 4356 Lindell Blv. | |

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

7/22/67
9067

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Clarence A. Sadwell

Licensed Embalmer No. 4077

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.