

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1817

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1817

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY MO 4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 724 BELLA VILLA		d. STREET ADDRESS (If rural, give location) 724 BELLA VILLA DR	
3. NAME OF DECEASED (Type or Print) a. (First) ARNOLD b. (Middle) - c. (Last) ACKERMANN		4. DATE OF DEATH (Month) (Day) (Year) JULY 28 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 12 1874
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAN	11. BIRTHPLACE (State or foreign country) GERMANY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAN		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS STEEL CASTINGS CO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ACKERMANN		13b. MOTHER'S MAIDEN NAME MARY MEYER	14. NAME OF HUSBAND OR WIFE MARY ACKERMANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARNOLD ACKERMANN
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH October 1948 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) Chronic Nigritic Carcinoma Jan 1950 153X 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 153X
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 20, 1950 , to July 28, 1950 , that I last saw the deceased alive on July 28, 1950 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) Dr. J. M. ...		23b. ADDRESS 3907 S. Grand	23c. DATE SIGNED July 28 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 31 1950	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. 7-29-50	REGISTRAR'S SIGNATURE Herbert ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuti 2906 Grand	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4347

P. O. Address 2906 Garvin

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.