

FILED JAN 13 1951  
#116235

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41947  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11216**

1. PLACE OF DEATH  
a. COUNTY **0**  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis, Mo.**  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo** b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**  
d. STREET ADDRESS (If rural, give location) **6970 Sutherland**

3. NAME OF DECEASED  
a. (First) **ROSCOE** b. (Middle) \_\_\_\_\_ c. (Last) **AKERS**

4. DATE OF DEATH (Month) (Day) (Year)  
**Dec. 28th, 1950**

5. SEX **male**  
6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH  
**June 18, 1885**

9. AGE (In years last birthday) **65**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 6 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Bus Operator**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country)  
**Pearl, Ill.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**George Akers**

13b. MOTHER'S MAIDEN NAME  
**May Miller**

14. NAME OF HUSBAND OR WIFE  
**Bernice Akers**

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 #  
**493-10-8029**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Bernice Akers 6970 Sutherland**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Besognamous Carcinoma**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**about 1 yr.**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  
YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **10/28/50**, to **12/28/50**, 19\_\_\_\_, that I last saw the deceased alive on **12/28/50**, 19\_\_\_\_, and that death occurred at **5:30 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**James M. Stokes M.D.**

23b. ADDRESS  
**1515 Lafayette Ave.,**

23c. DATE SIGNED  
**12/28/50**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**

24b. DATE  
**12/30/50**

24c. NAME OF CEMETERY OR CREMATORY  
**Memorial Park Cem.**

24d. LOCATION (City, town, or county) (State)  
**St Louis County, Mo.**

DATE REC'D BY LOCAL REG. **DEC 30 1950**  
REGISTRAR'S SIGNATURE  
**J. D. Lasater J**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**L. Ziegenhein & Sons 7027 Gravois**

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

*[Faint signature]*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *W. G. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

**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.