

FILED DEC 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40923

| | | | | | | | |
|--|------------------------------|---|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>541</u> | | Registrar's No. <u>3071</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u> | | c. LENGTH OF STAY (in this place) <u>12 hrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u> | | 48/70 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>128 E. Felton</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>ACKERMAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 27 52</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>9-12-1885</u> | | 9. AGE (In years last birthday) Months Days Hours Mins. <u>67 2 15</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House Painter</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>George Ackerman</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Lenhardt</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>492-10-0573</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Robert Ackerman, above</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound Fr. of femur, tibia & fibula. Fracture pelvis. Ruptured bladder.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease & auricular fibrillation</u> 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 <u>12 hrs.</u> | |
| 19a. DATE OF OPERATION <u>11-27-52</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Ruptured bladder into peritoneal cavity.</u> | | | | 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) <u>400</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>11-27, 1952</u> to <u>11-27, 1952</u> , that I last saw the deceased alive on <u>11-27, 1952</u> , and that death occurred at <u>5:42 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Glenn E. Salvoy MD.</u> | | | | 23b. ADDRESS <u>601 S. Brentwood Clayton</u> | | 23c. DATE SIGNED <u>11-28-52</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>12-1-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-1-52</u> | | REGISTRAR'S SIGNATURE <u>Hubert R. Domb</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, Maplewood, Mo.</u> | | | |

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 *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.