

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36977**
Registrar's No. **10016**

FILED NOV 6 - 1953

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 wks		e. STREET ADDRESS (If rural, give location) 7031 Dover Court	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Burl	b. (Middle) B.	c. (Last) Akers	4. DATE OF DEATH (Month) (Day) (Year) 10 - 18 - 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 - 8 - 1903	9. AGE (In years last birthday) 50	<input type="checkbox"/> UNDER 1 YEAR Days	<input type="checkbox"/> UNDER 2 HRS. Hours	<input type="checkbox"/> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Bldg Cleaning Co.	10b. KIND OF BUSINESS OR INDUSTRY Building Cleaners	11. BIRTHPLACE (City and State or Foreign Country) Rector, Arkansas	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James A. Akers	13b. MOTHER'S MAIDEN NAME Rhoda Craig	14. NAME OF HUSBAND OR WIFE Edna Spray Akers
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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. 492-01-5048	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna S. Akers, 7031 Dover Ct.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal ulcer. Abdominal adhesions		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 10-1-53. Subtotal gastric resection + cholecystectomy DUE TO (c) 10-16-53. Jejunum-jejunostomy for high intestinal obstruction. Dehydration & electrolyte imbalance		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10-1-53	19b. MAJOR FINDINGS OF OPERATION Abdominal adhesions. Duodenal ulcer. Cholelithiasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 5410

22. I hereby certify that I attended the deceased from 9-10, 1953, to 10-18, 1953, that I last saw the deceased alive on 10-18, 1953, and that death occurred at 1 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl R. Rice M.D.	23b. ADDRESS 611 Olive Street	23c. DATE SIGNED 10-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/21/53	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. OCT 20 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Dr. Earl R. Rice
611 Olive St.

10:30 -4,

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.....
Signature of Student Embalmer

Signed..... *Albert R. Thomas*.....

Licensed Embalmer No. *49*.....

P. O. Address..... *H. J. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.