

FILED NOV 10 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 34883  
Registrar's No. 91

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Joachim</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> c. CITY OR TOWN <u>ST. LOUIS</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>2345 Dodier ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>J.</u> c. (Last) <u>Akers</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>27</u> (Year) <u>1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct. 12, 1930</u>		9. AGE (In years last birthday) <u>24</u>		10. IF UNDER 1 YEAR: Months <u>15</u> Days <u>15</u> Hours <u>22</u> Min. <u>09</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Morgan Truck Co.</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>Clarence Akers</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Beth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Akers</u>		ADDRESS <u>5827 Victoria St. St. Louis, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture skull due to Auto Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>death due to accident between car &amp; tractor trailer struck on Hwy. 67 So. Junction 67-67</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Car &amp; tractor trailer struck</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Skull</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jefferson</u> (COUNTY) <u>Mo.</u> (STATE) _____			
21d. TIME OF INJURY (Month) <u>Oct.</u> (Day) <u>27</u> (Year) <u>54</u> (Hour) <u>5:45</u> P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>		<u>050 E 8161 26</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Burton Edward M.D. Curran</u>				23b. ADDRESS <u>Cedar Hill, Mo.</u>		23c. DATE SIGNED <u>Oct. 28, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 30, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. Trinity Lutheran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-28-54</u>		REGISTRAR'S SIGNATURE <u>John W. Riden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry R. Pallette</u>		ADDRESS <u>Crystal City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 3 1954

NOV 3 1954

NOV 12 1954

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.....

Licensed Embalmer No. 348

P. O. Address Crystal

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.