

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5939

State File No.

1537

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 1		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3534 NEBRASKA				e. STREET ADDRESS (If rural, give location) 2247 3534 NEBRASKA			
3. NAME OF DECEASED (Type or Print) a. (First) JACQUELYN		b. (Middle) M.		c. (Last) ACKERMANN		4. DATE OF DEATH (Month) (Day) (Year) FEB. 15 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JUNE 30 1939	
9. AGE (In years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME VIRGINIA HIELSCHER		13b. MOTHER'S MAIDEN NAME RALPH ACKERMANN		14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. 494-38-8163		17. INFORMANT'S SIGNATURE OR NAME VIRGINIA HIELSCHER			
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) Hepatic cirrhosis with gastro-intestinal hemorrhage Antecedent causes Secondary to splenomegalia (Banti's Disease) 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 1 WK 12/14/54	
19a. DATE OF OPERATION 1/20/55		19b. MAJOR FINDINGS OF OPERATION Splenomegalia, hepatic cirrhosis with ascites				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 298.0					
22. I hereby certify that I attended the deceased from 12/14/54 , 19 54 , to 1/15/55 , 19 55 , that I last saw the deceased alive on 1/14/55 , 19 55 , and that death occurred at 9:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lewis Hutton M.D.				23b. ADDRESS 3606 Gravois		23c. DATE SIGNED 2/17/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 18 1955		24c. NAME OF CEMETERY OR CREMATORY NEW PICKER CEMETERY		24d. LOCATION (City, town, or county), (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. FEB 17 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutis 2906 Gravois			

S.O. (Licensed Embalmer's Statement on Reverse Side)

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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 Leo J. Buddie
Licensed Embalmer No. 39
P. O. Address St. Louis, Mo.

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.