

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3878-62-016531
STATE FILE NUMBER

318

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED APR 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY		c. CITY OR TOWN <i>St. Louis Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Alexian Bros.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>4095 Toenges Av.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <i>Conrad</i> Middle <i>Acker</i> Last			4. DATE OF DEATH Month <i>April</i> Day <i>11</i> Year <i>1962</i>								
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 4 1883</i>		9. AGE (last birthday) <i>78</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Post Office Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Registered Mail</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>					
13a. FATHER'S NAME <i>Conrad Acker</i>			13b. MOTHER'S MAIDEN NAME <i>Clara Haase</i>			14. NAME OF HUSBAND OR WIFE <i>Emma Acker</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>no.</i>		17. INFORMANT <i>Emma Acker</i>		Address <i>4095 Toenges</i>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vascular accident</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>Atherosclerosis 331X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hrs</i> <i>5 yrs</i> <i>5 yrs</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour <i>11:00</i> a.m. p.m.		Month <i>4</i> Day <i>11</i> Year <i>1962</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>		COUNTY STATE	
21. I attended the deceased from <i>1955</i> to <i>4-11-62</i> and last saw her/him alive on <i>4-7-62</i>		Death occurred at <i>11:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. H. ...</i>				(Degree or title)				22b. ADDRESS <i>5600 S Compton</i>		22c. DATE SIGNED <i>4-13-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>4-14-62</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Bur. Pl.</i>		23d. LOCATION (City, town, or county) <i>St. Louis Co. Mo.</i>		(State)			
24. FUNERAL DIRECTOR <i>With Mortuary</i>				ADDRESS <i>6409 Gravois Av.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 14 1962</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

Dr. Wirthlin 3654 S. Grand

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 Robert M. Murray

Licensed Embalmer No. 3749

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.