

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016537

3905

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED APR 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

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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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		Length of stay in 1b <i>1 MONTH</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2160 CLIFTON</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM N. AKERS</i>			4. DATE OF DEATH Month Day Year <i>APRIL 12 1962</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-10-1875</i>
9. AGE (last birthday) <i>86</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SWITCH MAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RAIL ROAD</i>	11. BIRTHPLACE (City and state or country) <i>CENTERVILLE, TENN</i>
12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>			
13a. FATHER'S NAME <i>MINER AKERS</i>		13b. MOTHER'S MAIDEN NAME <i>PARLEE WATKINS</i>	14. NAME OF HUSBAND OR WIFE <i>VIOLA AKERS</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.	17. INFORMANT Address <i>MRS. FRANCES RIOR DAN 3175 HAMPTON</i>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ACUTE MASSIVE PULMONARY EMBOLISM AND MULTIPLE PULMONARY INFARCTS</i> DUE TO (b) <i>THROMBOSED VEINS OF PROSTATIC FLEXES, RIGHT FEMORAL ILLIAC VENOUS SYSTEM AND LEFT COMMON FEMORAL VEIN</i> DUE TO (c) <i>FEMORAL VEIN</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH MINUTES <i>5 DAYS</i>
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			<i>466x</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year		
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	COUNTY STATE
21. I attended the deceased from <i>MARCH 12, 1962</i> to <i>APRIL 12, 1962</i> and last saw her alive on <i>APRIL 12, 1962</i>		Death occurred at <i>11:05 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>F. R. BRADLEY, M. D.</i>		22b. ADDRESS <i>BARNES HOSPITAL</i>	22c. DATE SIGNED <i>4/13/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>4-16-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO.</i>
24. FUNERAL DIRECTOR <i>HOWARD H. MICHEL 5930 SOUTHWEST</i>		25. DATE RECD. BY LOCAL REG. <i>APR 14 1962</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.