S. No. 2
1—9-4-41
5-17-39
FILED JUL 31 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22731

State File No. 6598

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 910

(a) State Mo. (b) County

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3940A Sullivan Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Minnie Ackenhausen

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 2nd, 1860
(Month) (Day) (Year)

8. AGE: Years 83 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Pilot Knob, Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER
12. Name ---------- Voges
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Melba Ackenhausen
(b) Address 3940A Sullivan Ave.

17. (a) Entombement (Burial, cremation, or removal) (b) Date thereof 7/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway

19. (a) JUL 31 1943 (Date received local registrar) (b) J. J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 18, 1943 to July 21, 1943
that I last saw her alive on July 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Albert E. Tawsong (M. D. or other) MD
Address 4500 Olive St. St. Louis Date signed 7/24/43

(Licensed Embalmer's Statement on Reverse Side)