

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**15344**  
**15077**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4548**, Code **Brilliante** - **Box**..... Ward)  
Registered No. **14287**

**2. FULL NAME**

**Mary C. Aschoff**  
(a) Residence, No. **4548** **Cote Brillante**, St., **110** Ward.....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **Female** **4. COLOR OR RACE** **white** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **single**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Jan 11 - 1874**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**54** **3** **7**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **House work**  
(b) General nature of industry, business, or establishment in which employed (or employer) **" "**  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** **St. Louis Mo**  
(STATE OR COUNTRY)

**10. NAME OF FATHER** **Aug Aschoff**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **Ger**  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** **Mary Reichman**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **Ger**  
(STATE OR COUNTRY)

**14. INFORMANT** **Anna Aschoff**  
(Address) **4548 Cote Brillante**

**15. FILED** **19 1923** **Mar C. Stanley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **April 18 1928**

**17. I HEREBY CERTIFY, That I attended deceased from** **Jan 4** **1928**, to **April 18** **1928**, **19.3.8**  
that I last saw h. l. a. alive on **April 15**, **19.3.8**, and that death occurred, on the date stated above, at **10.20 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Carcinoma of Rectum**  
**46 D. 45** about **2 years**  
(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) **Peter Beck**, M. D.  
, 19 (Address) **4701 St. Louis Ave.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Calvary cemetery** **April 20 1928**  
**DATE OF BURIAL**

**20. UNDERTAKER** **Florsheim**  
**4740 W.**  
**Promschurg Mud Co**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE IN FULL, WITH CHARGING INTERESTS IS A PERMANENT RECORD

