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

Do not use this space.

18194

1928

1. PLACE OF DEATH

County St Charles — Registration District No. 757

Township — Primary Registration District No. 3036

City St Charles (No. 424, Jefferson St., Ward) — File No. — Registered No. 70

2. FULL NAME Elizabeth Ash

(a) Residence. No. 424 Jefferson St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. — How long in U.S., if of foreign birth? yrs. mos. ds. — (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Peter Ash

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	80	9	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Frank Fratee

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

12. MAIDEN NAME OF MOTHER Elizabeth Schmidt

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

14. INFORMANT Mrs. M. Bauschel
(Address) St Charles Mo

15. FILED 5/14, 1928 Reg. G. Boeckmann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1928, to May 8, 1928, that I last saw h.e.s. alive on May 8, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

10 Days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old Age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No knowledge

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) C. J. Geerdes, M. D

May 9, 1928 (Address) 200 Clay St St Charles Mo

*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	DATE OF BURIAL
St Peters Cemetery	May 11 1928
20. UNDERTAKER	ADDRESS
H. Dallemeyer & Sons 60	800 N. 2nd St.

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.