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

Do not use this space.

22607

1. PLACE OF DEATH

County ..... Registration District No. 781 ..... File No. .....

Township ..... Primary Registration District No. 7003 ..... Registered No. 6836

City St. Louis (No. Luthern Hospital ..... St. ..... Ward)

2. FULL NAME Clara A. Ashwell

(a) Residence. No. Afton, Mo. R.R. 7u. St., 24 Ward. Afton Mo

(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert T. Ashwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 14th, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	0	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mattese

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Aug. Kleinschmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Louise Brenner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) St. Louis, Mo.

14. INFORMANT Albert T. Ashwell

(Address) Afton, Mo. R.R. #7.

15. FILED JUL 30 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 27th. 1928

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to June 27, 1928 that I last saw her alive on June 27, 1928, and that death occurred, on the date stated above, at 3.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cyst - Adenoma of Uterus

Malignant

48 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Post Operative Shock

(duration) 6 hours ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 46

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6-26-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Findings

(Signed) Andrew Youngman, M. D

June 28, 1928 (Address) Sappington 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
Sun Set B. Park	July 2-1928
20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S. Bdway

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD