

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **7911**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.**

**Barneard Skin & Cancer Hospital**

File No. **16345**

Registered No. **4385**

Ward

**2. FULL NAME**

**Austin Askeu**

(a) Residence. No. **1501 Bell**

(Usual place of abode)

St. **21**

Ward. **Altan, Ill.**

(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)

**Male White Married**

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**Edith Askeu**

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

**March 4, 1868**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

**69 1 9**

8. OCCUPATION OF DECEASED

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

**Retired**

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

**R. R.**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

**Barry**

(STATE OR COUNTRY)

**Illinois**

PARENTS

10. NAME OF FATHER

**Lewis Askeu**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

**St. Louis, Mo.**

(STATE OR COUNTRY)

**Illinois**

12. MAIDEN NAME OF MOTHER

**Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

**Unknown**

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

**J. B. Adams  
2166 Hancock, Altan, Ill.**

15.

APP. FILED

**15 1929**

**May C. Stanley  
REGISTRAR**

**4**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

**April 13 19 29**

17.

I HEREBY CERTIFY, That I attended deceased from

**Feb 5, 19 29, to April 13, 19 29**

that I last saw him alive on **4-13-29**, 19 **29**, and that death occurred, on the date stated above, at **4:50 A.M.**

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

**Carcinoma Lower Lip with metastasis to neck.**

**45A 335 107A** (duration) **4** yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

**Branch. Pneumonia**

(duration) yrs. mos. ds. **2**

18. WHERE WAS DISEASE CONTRACTED

**At place of death Altan, Ill.**

DID AN OPERATION PRECEDE DEATH.

**Yes DATE OF 4/10/29**

WAS THERE AN AUTOPSY?

**No.**

WHAT TEST CONFIRMED DIAGNOSIS?

**Microscopic**

(Signed)

**Car. Seal agent, M. D.**

, 19

(Address) **3427 Washington**

\*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

**Altan, Ill.**

**Apr. 16, 19 29.**

20. UNDERTAKER

ADDRESS

**A. Kaiser**

**Altan, Ill.**

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.

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