

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

Do not use this space.

24824

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Barons Stop.)

Registration District No. 791
Priority Registration District No. 1005

File No.....
Registered No. 6983
St. Ward)

2. FULL NAME

James A. Ashbrooke
(a) Residence No. 1821 No. Belt Ave. 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 7

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Laborer

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

9. BIRTHPLACE (CITY OR TOWN) Wentzford
(STATE OR COUNTRY) England

10. NAME OF FATHER Joseph Ashbrook

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

12. MAIDEN NAME OF MOTHER Ann Brown

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

14. INFORMANT Miss Park
(Address) 556 Sway Ct.

15. FILED JUL 17 1930 May C. Stover REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1930, to July 10, 1930 that I last saw h.l. July 10, 1930, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY) 9/13
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James P. Dougherty, M. D.

July 14, 1930 (Address) 1900 Belt 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 Bellevue DATE OF BURIAL July 15 1930

20. UNDERTAKER Wagoner & Co ADDRESS 3624 Olive

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.

2000
4000

Best, 1/13/68

Ev-0168