

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

Do not use this space.

41257

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.
Registered No. 11928
St. Ward)

2. FULL NAME

(a) Residence. No. 1131 Mumson St. 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. A. Stark
Married May 30 - 1897

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 - 1897

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>6</u>	<u>21</u>	

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) (STATE OR COUNTRY) Mason

10. NAME OF FATHER Cornelius Ashby

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

12. MAIDEN NAME OF MOTHER Martha Williams

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

14. INFORMANT (Address) City Hospital

15. FILED 22 1930 W. C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 30

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 30 to Dec 21 30 that I last saw him alive on Dec 21 30, and that death occurred, on the date stated above, at 17:51 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of H.C.D. Rectum & Metastasis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) hypertension
(duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory

(Signed) Carl J. Hutz M. D.

21 30 (Address) City Hospital

*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 Malden Mo. DATE OF BURIAL 12/23 1930

20. UNDERTAKER Shackles Funeral Home 4355 Washington ADDRESS

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.

Start