

JAN 9 1935

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

Do not use this space.

44357

1. PLACE OF DEATH

County St. James
Township Cambel
City Clayton

Registration District No. 790
Primary Registration District No. 6033
(No. St. James Co. Hospital)

File No. 407
Registered No. 790
St. _____ Ward _____

2. FULL NAME

Aschbaugh, Elgin

(a) Residence, No. 8909 S. Bolivar St., _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1913

7. AGE YEARS 21 MONTHS 10 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Name
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME John Aschbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabeth Reeves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John Aschbaugh
8909 S. Bolivar

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Dec 13 1934

19. UNDERTAKER (ADDRESS) Funeral Home
7818 Mississippi

20. FILED 12/11 1934 W. H. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/10/34 (10:30 AM) 1934, to 12/11/34 1934

I last saw him alive on 12/11/34 1934. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

1. acute purulent peritonitis
2. subdiaphragmatic abscess

Other contributory causes of importance:

1. Ch. Parenchymatous Nephritis
2. acute congestion
3. Ch. pleuritic obliterans

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) James R. Meador M. D.

(Address) St. James Co. Hosp Clayton

W.

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.

