

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.

NOV 9 1935

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

Do not use this space.

34660

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1009**  
City **St. Louis** (No. **Alexian Bros. Hospital**) St. .... Ward)

File No. **9133**  
Registered No. **9133**

2. FULL NAME **James Asher**

(a) Residence, No. **7815 Vermont** St., **1** 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) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**Abt 54**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **police officer**  
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) **Chicago, Ill**

MOTHER FATHER 13. NAME **Michael J. Asher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Ann (Unknown)**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **John Asher 7815 Vermont**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chicago, Ill** DATE **10-31-1935**

19. UNDERTAKER (ADDRESS) **Southern Und. Co. 6222 S. Grand**

20. FILED **OCT 31 1935** **J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-30-1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 27**, 19**35**, to **Oct 30**, 19**35**

I last saw h. unalive on **Oct 30**, 19**35**. Death is said to have occurred on the date stated above, at **12 p.m.**

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

**Polar Pneumonia** Date of onset **10/17/35**

Other contributory causes of importance: **108**

Name of operation..... Date of.....  
What test confirmed diagnosis **Chaul** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
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? **no**

If so, specify

(Signed) **Queen J. M. Tanner**, M. D.

(Address) **7606 Michigan**

