JUN 6 1936

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

Do not use this space.

791

21457

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5698

City St Louis (No. City Hosp #1 ..... St. ..... Ward)

B-1943

2. FULL NAME Baby Ashman

(a) Residence, No. 3114 Blair St. Ward. 26
(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: M
4. COLOR OR RACE: W
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): May 8-1936

7. AGE: YEARS – MONTHS – DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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): St Louis Mo

FATHER

13. NAME: Bernard Ashman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

MOTHER

15. MAIDEN NAME: Dorothy Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Hosp City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville Ill DATE May 30 1936

19. UNDERTAKER (ADDRESS): Henry Leidner & Co 1417 N Market St

20. FILED MAY 30 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/29/36 19

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1936, to 5/29/36, 19

I last saw him alive on 5/29, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Meningitis, Purulent — Date of onset

119b

Other contributory causes of importance:
Prematurity
Diarrhea Parenteral

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....

(Signed) J C Jaudon, M. D.

(Address) City Hosp #1

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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