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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

96 County ..... Registration District No. 791

30 Township ..... Primary Registration District No. 1003

9 City St. Louis (No. 4554 Cote Brilliante avenue 2 St. 723 Ward)

File No. 3688

Registered No. .....

2. FULL NAME Edward O. Aschoff

(a) Residence, No. 4554 Cote Brilliante ave 11 Ward. 1
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eleanor Aschoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1885

7. AGE: YEARS 51 | MONTHS 10 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk 31 4

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stix-Baer-Fuller

10. Date deceased last worked at this occupation (month and year) Retired 3 years

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo 1

FATHER

13. NAME: August Aschoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Mary Heischman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Mrs. Eleanor Aschoff, 4554 Cote Brilliants ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE 1/18/ 37

19. UNDERTAKER (ADDRESS): Meek and Dickman, 3039 Easton avenue

20. FILED JAN 17 1937 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Jan 15, 1937

I last saw him alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 9:15 A m.

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

	Date of onset
Pulmonary Congestion	12/19/36
Hypostatic Pneumonia Lobar	1/14/37

46C

Other contributory causes of importance:
Carcinomatosis - generalized
Carcinoma of Colon

Name of operation Colon Resection Date of 1-11-37

What test confirmed diagnosis? Physical findings 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) E. J. Kohler M. D.

(Address) 4968 Delmar Blvd