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.

REC'D AUG 12 1938

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

23480
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6174

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maudie Askew 200
(a) Residence, No. 20 South Leonard St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Askew
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1907
7. AGE: Years 31 | Months 1 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: nil
9. Industry or business in which work was done, as 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): Tennessee

FATHER
13. NAME: Sterling McPhearson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Issie Robby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREENWOOD DATE July 11, 1938

19. FUNERAL DIRECTOR (NAME) A. L. BEAL
(ADDRESS) 2726 LUCAS ST.

20. FILED JUL 11 1938 J. D. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938 to July 4, 1938
I last saw her alive on July 4, 1938. Death is said to have occurred on the date stated above, at 2:10a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis (right)	5/21/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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, 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) Wallace Finzel, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

by ....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Henry Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W Gabache

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.