

No. 2  
-13-40  
-17-39  
X23159

APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9191  
2601

Registration District No. **791**

Primary Registration District No. **1003**

State File No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **100 South 12th St.,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**En Route City Hosp #13**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **( Rural )**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6333 Heege Rd. St. Louis County**  
(If rural, give location)  
(e) **No Attending Physician**  
(f) **Foreign born, how long in U. S. 120** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21st**  
year **1941** hour **four 05** minute **P/** M.  
21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....;

that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
**Compound comminuted fracture**  
**of skull, laceration of brain**  
**Suffered when they second and first**  
**floor fell on to the basement at**  
**100 So. 92<sup>nd</sup> St. Causing him to**  
**be crushed beneath same**  
**About 4:05 Pm March 21 1941**  
**Within the result of a accident**  
**or Criminal Carelessness**  
Major findings: **could not be ascertained**  
Of autopsy.....

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

3. (a) PRINT FULLNAME **Albert T. Ashwell**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Clara** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 8th, 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57 0 13** hr. min.

9. Birthplace **Affton** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **Seed Salesman**

11. Industry or business.....

12. Name **Albert C. Ashwell**

13. Birthplace **St. Louis** (City, town, or county) **County** (State or foreign country)

14. Maiden name **Crank**

15. Birthplace **Not known** (City, town, or county) (State or foreign country)

16. (a) Informant **Clifford Ashwell**  
(b) Address **6333 Heege Rd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/24/41**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Pk.**

18. (a) Signature of funeral director **J. J. Zemanek**  
(b) Address **7027 Gravois Ave..**

19. (a) **MAR 24 1941** (Date received local registrar) (b) **J. J. Zemanek** (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **3/21/41**  
(c) Where did injury occur? **St. Louis** (City or town) **Mo.** (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Industrial Place**  
While at work? (Specify type of place) (e) Means of injury **3**

23. Signature **Alfred Neely** (M. D. or other).....  
Address **3227 1/2 N. 1st St. St. Louis** Date signed **3/21/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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#-5

**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, or by.....

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

Signed

*C. P. Rudwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**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, fact should be so stated above.**