

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead City Hospital
(If not in hospital or institution, write street number or location) 41
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4046 Laclede
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo T. Asby

3. (b) If veteran,
name war.....

3. (c) Social Security
No. 497-05-726

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married,
2 divorced Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
Lillian Asby alive..... years

7. Birth date of deceased JAN. 26 - 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 4 12 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Houseman Labour

11. Industry or business.....

12. Name Thomas Asby

13. Birthplace Missouri 0
(State or foreign country)

14. Maiden name Agnes Rogers

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Asby

(b) Address 4346 N. Euclid

17. (a) Cremation (b) Date thereof 6/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 10 1942 (b) J. F. Buseck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 8, 1942 day
year 1942 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Nephritis

Due to Edema of Brain

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Thomas F. Callinan (M.D. or other)? 3
Address Deputy Coroner Date signed 6/12/42

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

00
17
9
959

009
19

0

MOTHER FATHER

4011 - J.S. WAL

x1 + 40

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.

Complete autopsy

Signed *Flornz Eynck*
Licensed Embalmer No. 1284
P. O. Address St Louis Mo.

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.