

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

19347  
State File No.  
Registrar's No. 5253

FILED JUN 29 1942  
Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town. St. Louis  
(c) Name of hospital or institution:  
625 Skinker  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
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. 1807 a N. Prairie  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JESSE BROOKS ASKEW  
(b) If veteran, name war NONE  
(c) Social Security No. 493-07-9682

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife. Thelma Askew  
6. (c) Age of husband or wife if alive. 41 years  
7. Birth date of deceased. April 3 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 2 12 hr. min.

9. Birthplace Alton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business B. E. Mitchell

MOTHER FATHER { 12. Name Austin Askew  
13. Birthplace Berry Ill.  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Thelma Askew

(b) Address 1807 a N. Prairie

17. (a) Burial (b) Date thereof June 18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Oak Grove Cemetery

18. (a) Signature of funeral director. a. Ross L. H. Co.

(b) Address 2707 N. Grand Bl.

19. (a) JUN 18 1942 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 15  
year 1942 hour 3 minute p M.  
21. I hereby certify that I attended the deceased from Feb 5  
1942 to June 15 1942  
that I last saw him alive on June 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism  
Duration None

Due to.....  
Due to Coronary Heart disease 1 yr

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
\*Underline the cause to which death should be charged statistically.

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?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature H. F. Cleveland (M. D. or other) M.D.  
Address 532 South 4th St Date signed 6-16-42

844 (Licensed Embalmer's Statement on Reverse Side) H. F. Cleveland

SAU 02 2 0

**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 Paul F. Krieger

Licensed Embalmer No. 7631

P. O. Address 2707 N. Grand

**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.**