

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

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:
5082 Emerson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **35 Years**
years, months or days)

3. (a) PRINT FULL NAME **John Aschmon**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **493-05-9063**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Caroline Aschmon**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **June 26, 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	5	27hr.min.

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

10. Usual occupation **Cabinet Maker**

11. Industry or business **St. Louis Butchers Supply Co**

MOTHER, FATHER
12. Name **Unknown**
13. Birthplace..... **9**
(City, town, or county) (State or foreign country)
14. Maiden name..... **9**
15. Birthplace..... **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Caroline Aschmon**
(b) Address **5082 Emerson Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-26-1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
(b) Address **4828 Natural Bridge**

19. (a) **DEC 24 1942** (Date received local registrar) (b) **John Aschmon** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County..... **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **7 17 9**
(d) Street No. **5082 Emerson Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **23rd**,
year **1942** hour **11:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct. 30th**
19**42** to **Dec. 23rd** 19**42**
that I last saw h..... alive on **Dec. 2nd** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **Suddenly**
Due to **Arterial Sclerosis = 2 Mon**
Mitral Stenosis = 2 Mon

Due to.....
Other conditions..... **92**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **92**
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?

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

23. Signature **Alfred Nees Tooper** (M. D. or other) **0**
Address **4244 N. Flouissant** Date signed **12/24/42**

4444 N. Missouri

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.....

John A. Melina

....., Registered Apprentice No.

working under my personal supervision.

Signed *John A. Melina*.....

Licensed Embalmer No. *4186*.....

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.