

793
 V. S. No. 2
 FORM-5-42
 Rev. 5-17-42
 PI X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 4 1943

818

Registration District No.

Primary Registration District No.

1002

Registrar's No.

927

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether
 In this community 10yrs.
years, months or days)

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")
 (d) Street No. 1311 So. Broadway
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
 year 1943 hour 7:00 minute P. M.
 21. I hereby certify that I attended the deceased from January
13, 1943, to January 15, 1943
 that I last saw her alive on January 15, 1943
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME

Leona Ashley

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 18, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days
65	6	28

If less than one day
 hr. min.

9. Birthplace

Ohio
(City, town, or county)

Ohio
(State or foreign country)

10. Usual occupation

Nil.

11. Industry or business

Nil.

12. Name

John Lynn

Ohio

13. Birthplace

Ohio
(City, town, or county)

Ohio
(State or foreign country)

14. Maiden name

Crawford

15. Birthplace

Ohio
(City, town, or county)

Ohio
(State or foreign country)

16. (a) Informant

Ann Morrison

(b) Address

St. Louis City Hospital

17. (a) ~~Place of burial or cremation~~

St. Louis City Hospital
(Date received local registrar)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) AN 00 1943
(Date received local registrar)

(b) J.F. Bredbeck
(Registrar's signature)

Immediate cause of death

Degenerative Heart Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not obtainable

Duration

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? _____

23. Signature

David S. Newberry, M.D.
(M. D. or other)
 Address 1515 Lafayette Avenue Date signed 1/16/43

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.