

FILED MAY 26 1945 318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution:
5608 Pershing Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **60 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5608 Pershing Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Hattie C. Ashley**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **May** day..... **16th.**,
year..... **1945** hour..... **7** minute..... **15 a.m.**

4. Sex..... **F.** 5. Color or race..... **W.**
6. (a) Single, widowed, married, divorced..... **W.**
6. (b) Name of husband or wife..... **Harvey L. Ashley**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **Sept. 22nd., 1856**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
5-1-45, 19....., to..... **5-16-45**, 19.....
that I last saw h..... alive on..... **5-16-45**, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years..... Months..... Days..... If less than one day.....
88 **7** **24** hr..... min.....

Immediate cause of death.....
Chronic myocarditis **1 yr.**

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

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

10. Usual occupation..... **At Home**

Major findings:
Of operations.....

11. Industry or business.....
12. Name..... **Allen Stephens**

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?.....

13. Birthplace..... **N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Thomas Bowdern**
(b) Address..... **5608 Pershing Ave.**

17. (a) Burial..... (b) Date thereof..... **5-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valley**

18. (a) Signature of funeral director..... **Arthur J. Connelly**
(b) Address..... **3840 Lindell Blvd.**

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

19. (a) Date received local registrar..... **MAY 17 1945**
(b) Registrar's signature..... **J. P. Brundage**

23. Signature..... **E. H. Bowdern** (M. D. or other).....
Address..... **634 No. 7th St. Bldg.** Date signed..... **5-16-45**

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

100
17
9

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.