S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Cole

State File No. 33710

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 863

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 550 E. Walnut (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 3½ Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2

(d) Street No. 550 E. Walnut (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME August G. Asterlin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Celissa J. Asterlin

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Oct. (Month) 22 (Day) 1867 (Year)

8. AGE: Years 78 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Belview (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Tower Man

11. Industry or business Chicago, Milwaukee &St.Paul R.R.

FATHER
12. Name Nicholas Asterlin
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Celissa J. Asterlin

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-25-45 (Date received local registrar) (b) Hr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1945 hour 7 minute 10a. M.

21. I hereby certify that I attended the deceased from 7-30-45, 19, to ~~[illegible]~~ present time, 19; that I last saw him alive on 9-20-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	4 mo.
General weakness	4 mo
Due to Carcinoma Esophagus	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None. 4/60

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 P.F. Cole MD (M. D. or other)

Address Springfield Mo. Date signed 10-24-45

984 (Licensed Embalmer's Statement on Reverse Side)

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.