No. 2
1—5-43
5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38881

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11547

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4241a So. Grand Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Eight years

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") 17
(d) Street No. 4241a So. Grand Blvd. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME Ulysses N. Ashlock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha E. Ashlock
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct. (Month) 6 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	21	hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation School Board
11. Industry or business Educational
FATHER 12. Name John Ashlock
FATHER 13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant William White
(b) Address 8815 Litzinger Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director Chas. A. Bell
(b) Address 4452 Washington Pl.
19. (a) DEC 29 1945 (Date received by local registrar) J. F. Breen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1945 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from February 16, 1945, to December 27, 1945 and that I last saw him alive on December 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	day
Due to Hypertensive heart disease	yrs
Due to Senility	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ellsworth Allstrup (M. D. or other) XXX
Address Webster Groves, Mo. Date signed 12/28/45

(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 John Ketter

Licensed Embalmer No. 3880.

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.