

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10852**  
Registrar's No. **2468**

**FILED** MAR 20 1946  
**318**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Barnes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **oao**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5537 Neosho St.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **August George Asmussen**  
(b) If veteran, name war **--**  
(c) Social Security No. **329-10-9464**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **MARCH** day **13**  
year **1946** hour **1** minute **15 A.** M.

4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widower**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **27** years  
7. Birth date of deceased **Feb. 21 1893**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **February 22**, 1946, to **March 13**, 1946, that I last saw him alive on **March 13**, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **0** Days **22**  
If less than one day hr. min.

Immediate cause of death: **Cardiac insufficiency due to arteriosclerotic heart disease**

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

Due to **circuits**  
Other conditions: **Chronic disease of liver**  
(Include pregnancy within 3 months of death)  
**Indirect inguinal hernia, right**

10. Usual occupation **Superintendent**

Major findings: **Of operations**

11. Industry or business **Continental Grain Co.**  
12. Name **August Asmussen**  
13. Birthplace **Denmark**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

Of autopsy: **Same as above, hypertrophy and dilatation of the heart (940 grams)**

16. (a) Informant **August Asmussen**  
(b) Address **5537 Neosho St.**  
17. (a) **burial** (b) Date thereof **3-15-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park**

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? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director **Ziegenhein Bros.**  
(b) Address **6409 Gravois Ave.**  
19. (a) **MAR 14 1946** (Date received local registrar)  
**J. P. Bruce** (Registrar's signature)

23. Signature **FR Madala** (M.D. number)  
Address **Barnes Hospital** Date signed **3-12-46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Homer W Fruty*

Licensed Embalmer No.....

*38821*

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.**