

No. 2
-2-43
5-17-39
I X35857

FILED JUL 18 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 606 3063

Registrar's No. 1423

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 17 days
(Specify whether in this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 9926 So. Broadway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ASHBAUGH, JOHN

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1946 hour 1 minute 05 A.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Elizabeth Reeves

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

7. Birth date of deceased 4 - 18 - 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-18 1946 to 7-5 1946
that I last saw him alive on 7-5 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebrovascular Accident
Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>2</u>	<u>17</u>
				hr. _____ min.

Due to Hypertension 930

Due to _____

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

10. Usual occupation name

11. Usual occupation or business name

12. Name John A. Ashbaugh

13. Place Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Reeves

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Other conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Pauline Becker - Daughter

(b) Address 9926 So Broadway

17. (a) Burial (b) Date thereof 7/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew

18. (a) Signature of funeral director Fendley Luth. Co.

(b) Address 7420 Michigan

19. (a) 7-8-46 (b) E. D. McCreary, Jr.
(Date received local registrar) (Registrar's signature)

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) (Country) (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 _____

23. Signature Chris Kafey (M. D. _____)

Address 601 Brentwood Date signed 7-5-46

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

13

7-46

MISSOURI REGISTER OF DEATHS
HEALTH DEPARTMENT
ST. LOUIS
JULY 1946
Walter H. Hays

61 61 701

18 1946

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis SS.

State File No. _____
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11 day of July, 1946, before me appears Everett Ashbaugh, who, upon his oath, states that the original record of ^{birth} death for John Ashbaugh died July 5th ^{born} July 5th, 1946 in the State of Missouri, and which was filed at Clayton on July 8, 1946, should be corrected as follows:

Item No. 7 should read April 18 - 1873

Instead of April 18 - 1875

Item No. 8 should read 63 yrs 2 mos 17 days

Instead of 71 years 2 mos. 17 days.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Everett Ashbaugh son Relationship.

9985 1/2 Broadway Present Address.

Subscribed and sworn to before me this 11 day of July, 1946.

My Commission expires May 25, 1947 Betty B. Collins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUL 19 1961

24756

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P. C. 10/10/61