

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22038**  
Registrar's No. **8039**

FILED JUN 30 1947  
#27954  
318  
Registration District No. ....

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

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

1. PLACE OF DEATH:

(a) County.....**St. Louis, Missouri.**

(b) City or town.....**St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Hospital**  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town.....**St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. ....**1104 Hodiament**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME.....**JOHN S. ASH**

3. (b) If veteran, name war.....**no**

3. (c) Social Security No. ....**?**

4. Sex.....**Male** 5. Color or race.....**White**

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

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

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

7. Birth date of deceased.....**December -- 1871**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**June** day.....**22nd**  
year.....**1947** hour.....**5:25** minute.....**A** M.

21. I hereby certify that I attended the deceased from **5/17/47**  
....., 19....., to **June 22nd** 19 **47**  
that I last saw h **im** alive on **June 22nd** 19 **47**  
and that death occurred on the date and hour stated above.

8. AGE

Years	Months	Days	If less than one day
<b>alt 75</b>	<b>?</b>	<b>?</b>	hr. .... min.

Immediate cause of death.....  
**Carcinomatosis, gen'l.**

Due to.....  
**Primary-Stoma**

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

10. Usual occupation.....**Retired**

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name.....**George Ash**

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

14. Maiden name.....**Margaret Mahoney**

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

16. (a) Informant.....**Mary Ash**  
(b) Address.....**1104 Hodiament**

17. (a) **burial** (b) Date thereof.....**6-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Calvary Cemetery**

18. (a) Signature of funeral director.....**Jos. W. Clark**  
(b) Address.....**1125 Hodiament Ave.**

19. (a) **JUN 23 1947** (b) **J. F. Bradeak**  
(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) (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.....**Jos. W. Clark** (Date signed) **6/23/47**  
Address.....**1515 Lafayette**

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.....

*Alfred T. Boedeker*

Licensed Embalmer No.....

*2663*

P. O. Address.....

*1125 Nodiamont*

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.