

No. 2
1/47
7-39

2223

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 30 1948

318

Primary Registration District No.

1008

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution..... 2 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 103

(c) City or town..... R#1 Essex
(If outside city or town limits, write "RURAL")

(d) Street No..... 77
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Jerry Wayne Ashby

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 22
year 1948 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-20-1948 to 1-22-1948
that I last saw him alive on 1-22-1948
and that death occurred on the date and hour stated above.

4. Sex..... Male

5. Color or race..... White

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

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

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

7. Birth date of deceased..... 1-14-48
(Month) (Day) (Year)

Immediate cause of death..... Bronchopneumonia

Due to..... Pitt's Disease

Due to.....

Other conditions..... 157
(Include pregnancy within 3 months of death) 107

8. AGE: Years Months Days If less than one day

0 0 8 ..hr.min.

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

10. Usual occupation..... None

11. Industry or business.....

12. Name..... Lawrence K. Ashby

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

14. Maiden name..... Kathy King

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

16. (a) Informant..... Lawrence K. Ashby

(b) Address..... Essex, Mo.

17. (a) Burial (b) Date thereof..... 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Essex, Mo.

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) JAN 23 1948 (b) J. F. Bussick
(Date received for registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy..... Bronchopneumonia

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..... 0

23. Signature..... Gilbert B. Jordan (M. D. or other)

Address..... Childrens Hospital Date signed.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 B. Deuel
.....
Licensed Embalmer No. 4194

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.