

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31565

State File No. _____

318

1003

7913

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4449 Floriss Place, 15,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4449 Floriss Place, 15,</u>				d. STREET ADDRESS (If rural, give location) <u>4449 Floriss Place, 15,</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Aschemeyer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>September 9th, 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 17th, 1878</u>		9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>7</u>		11. DAYS <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Henry Kassen</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Boekelheide</u>	
14. NAME OF HUSBAND OR WIFE <u>Late Frank C. Aschemeyer</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Esther Aschemeyer, 4449 Floriss Place</u>				17. ADDRESS _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of Uterus</u>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION <u>May 14 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Uterus</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>52</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>180X</u>				22. I hereby certify that I attended the deceased from <u>June 1, 1948</u> , to <u>Sept 9, 1949</u> , that I last saw the deceased alive on <u>Sept 9, 1949</u> , and that death occurred at <u>7:20 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Robert W. Crossman M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>607 N. Grand Ave.</u>		23c. DATE SIGNED <u>9-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>SEP 13 1949</u>		REGISTRAR'S SIGNATURE <u>J B Laester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>			

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

University Club - Redg.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ralph C. Leinders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.