

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1949

State File No. 35852

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BIRTH NO. _____ REG. DIST. NO. 017 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4217

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Chesterfield Mo.</u>		c. CITY OR TOWN <u>Chesterfield Mo.</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #1</u>			
3. NAME OF DECEASED (First) <u>Minnie</u> (Middle) <u>Belle</u> (Last) <u>Asham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-4-15-1883</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>David Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Estine Leonard</u>	14. NAME OF HUSBAND OR WIFE <u>Wm</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>unavailable</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one number per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia-Lobar.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</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.		Do not know exactly.	
ANTECEDENT CAUSES DUE TO (b) <u>Fell down stairs injuring spine.</u>		<u>59000</u>	
DUE TO (c) <u>Cold.</u>		<u>21</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Claimed she had an attack of apoplexy Date not made clear to me</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</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 bldg., etc.) <u>Fall to basement.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Do not know</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell down basement stairs.</u> <u>96</u>
22. I hereby certify that I attended the deceased from <u>Oct. 20th, 1949</u> , to <u>Oct. 22nd, 1949</u> , that I last saw the deceased alive on <u>Oct. 22nd, 1949</u> , and that death occurred at <u>4:10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Adrian Nichols M.D.</u> (Degree or title)		23b. ADDRESS <u>1222 American Hotel, St. Louis, Mo.</u>	23c. DATE SIGNED <u>10/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-26-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shepherd of the Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-23-49</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Plonke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Frank</u> ADDRESS <u>Cuba Mo.</u>	

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

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

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.