

42731

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 11290

318

1003

No. 300
10-48

FILED JAN 10 1952

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 township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3442 Chippewa</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3442 Chippewa</u>				10. STREET ADDRESS (If rural, give location) <u>3442 Chippewa</u>					
3. NAME OF DECEASED (Type or Print) <u>Anna Asinger</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Dec. 20, 1951</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>Mar. 9, 1869</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>			
13a. FATHER'S NAME <u>Samuel Collins</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Corbett</u>			14. NAME OF HUSBAND OR WIFE <u>Chas. Asinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Schumacher</u> ADDRESS <u>3442 Chippewa</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Gastric Hemorrhage</u> ANTECEDENT CAUSES <u>Carcinoma of Stomach</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		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>157K</u>				22. I hereby certify that I attended the deceased from <u>Oct 1, 1951</u> , to <u>Dec 20, 1951</u> , that I last saw the deceased alive on <u>Dec 18, 1951</u> , and that death occurred at <u>830a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. A. Schumacher</u> (Degree or title) _____			23b. ADDRESS <u>6814 Gravois Ave</u>			23c. DATE SIGNED <u>12/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>			
DATE DECEASED BY LOCAL REG. <u>DEC 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Blvd.</u>		_____			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. T. Schmeisser
6811a Graves

FL 0034

August 7-3-32

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

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.