

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43257

FILED JAN 10 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11533**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <b>ST. LOUIS</b>		a. STATE <b>MISSOURI</b>	b. COUNTY <b>JEFFERSON</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
<b>3 WKS</b>		<b>ARNOLD 1500</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FIRMIN DESLOGE HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE #1</b>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <b>JOSEPH</b>	b. (Middle) <b>H</b>	c. (Last) <b>ASHLOCK</b>	(Month) <b>DEC</b>	(Day) <b>14</b>	(Year) <b>1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		
		<b>MARRIED</b>	<b>DEC 7 1902</b>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<b>Laborer - General Electric Lamp Plant</b>		<b>Laborer - General Electric Lamp Plant</b>		<b>MISSOURI</b>	
13a. FATHER'S NAME <b>LYSANDER ASHLOCK</b>			13b. MOTHER'S MAIDEN NAME <b>LEE POLIK</b>		14. NAME OF HUSBAND OR WIFE <b>RHODA ASHLOCK</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>494-07-0235</b>		17. INFORMANT'S SIGNATURE OR NAME <b>RHODA ASHLOCK</b>		ADDRESS <b>ARNOLD MO.</b>	
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18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dissecting Aneurysm of aorta</b>				<b>5 hrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <b>Arteriosclerosis &amp; hypertension</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS: <b>Impaired Vision L. eye due to retinal hemorrhage</b>					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>above p. 200</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>220</b>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>451A</b>	

22. I hereby certify that I attended the deceased from **Dec 21, 1951**, to **Dec 14, 1952**, that I last saw the deceased alive on **Dec 14, 1952**, and that death occurred at **7:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. Heinschmidt M.D.</b>	23b. ADDRESS <b>508 N. Grand</b>	23c. DATE SIGNED <b>12/15/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC 17 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FRIEDEN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>DEC 15 1952</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>2906 B...</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5. No. 300  
EV. 10.48

Mildred

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

*Samuel C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Davis*

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.