

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44697
12116

State File No.

LED JAN 26 1953

318

PRIMARY REG. DIST. NO. 1003

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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2249</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>24 3414 S. JEFFERSON</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSP.</u>			
3. NAME OF DECEASED a. (First) <u>GRADY</u> (Type or Print)		b. (Middle) <u>F.</u>	
c. (Last) <u>ASBRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 31 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 10 1903</u>
9. AGE (In years last birthday) <u>49</u>		10. KIND OF BUSINESS OR INDUSTRY <u>AGGREGATE CO.</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIGHT WATCHMAN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM ASBRIDGE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LA PORTE</u>	
14. NAME OF HUSBAND OR WIFE <u>EDNA ASBRIDGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>500-16-7176</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EDNA ASBRIDGE</u>		ADDRESS <u>3414 S. JEFFERSON</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<u>4201</u>	
22. I hereby certify that I attended the deceased from <u>March 1950</u> to <u>Dec 31, 1952</u> , that I last saw the deceased alive on <u>Dec 30, 1952</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. G. Resnikoff MD</u>		23b. ADDRESS <u>3612 Jefferson</u>	
23c. DATE SIGNED <u>Jan 2 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN 3 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL TRK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 2 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Katis</u>		ADDRESS <u>2906 Gravois</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Thomas E. Hill

Licensed Embalmer No. _____

4347 91

P. O. Address _____

2906 Harris

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.