

FILED FEB 3 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2832

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0782

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) 4 days

d. STREET ADDRESS (If rural, give location) 1113 Frey St.

3. NAME OF DECEASED
a. (First) Allen b. (Middle) Andrew c. (Last) Ashley

4. DATE OF DEATH (Month) (Day) (Year) January 21, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 16, 1904

9. AGE (In years last birthday) 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager

10b. KIND OF BUSINESS OR INDUSTRY Stag Hotel

11. BIRTHPLACE (City and State or Foreign Country) Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Lena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) no none

16. SOCIAL SECURITY NO. 499-12-1325

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lena Ashley 1113 Frey St.

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) Fr of skull; @amp and fracture of right leg; suffered while window of Apt #50 209 Grand Ave at City Hospital about 520pm Jan 21 1953 while suffering from temporary mental aberration
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) decreased pumped from window of Apt #50 209 Grand Ave at City Hospital about 520pm Jan 21 1953 while suffering from temporary mental aberration
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH
20. AUTOPSY YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION mental aberration suicide

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 21 53 5:00 pm

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? E978X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 600p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor, Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1.28.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Jan. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Rd.

DATE REC'D BY LOCAL REG. JAN 23 1953

REGISTRAR'S SIGNATURE J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister U.&L.Co. 7814 S. Broadway

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

MAR 21 1953

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 Harold J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.