

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32844

State File No.

No. 300
10-48

FILED OCT 15 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 9359

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>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3524 PARIS AVE</u>		d. STREET ADDRESS (If rural, give location) <u>10 3524 PARIS AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u> b. (Middle) <u>F.</u> c. (Last) <u>ASH SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT, 26, 1953</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>Aug. 28, 1873</u>		9. AGE (In years; last birthday) <u>80</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH ASH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>SPANISH AMERICAN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH ASH</u>	
				ADDRESS <u>3524 PARIS AVE</u>	

19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>at sclerotic heart dis, acute infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>less in few minutes</u>
*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 Morbid 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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.)		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>4200</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to Sept 26, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne O. Smith</u>		(Degree or title) _____		23b. ADDRESS <u>2739 No Grand</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>SEP 29 1953</u>		REGISTRAR'S SIGNATURE <u>Wayne O. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u>	
				ADDRESS <u>4600 NATURAL BRIDGE AVE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis Mo.

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.