

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9315**
2038
Registrar's No.

FILED MAR 31 1955

| | | | | | | | | |
|---|--|---|--|--|--------------------|--|-------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 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 Mo. b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2069 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist | | | | 6. STREET ADDRESS (If rural, give location) 5861 Romaine Place | | | | |
| 3. NAME OF DECEASED a. (First) August b. (Middle) Frederick c. (Last) Aschentrop | | | 4. DATE OF DEATH March 2nd, 1955 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Jan. 30th, 1876 | | 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk | | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? _____ | | |
| 13a. FATHER'S NAME Gottlieb Aschentrop | | 13b. MOTHER'S MAIDEN NAME Mary Kneipkamp | | 14. NAME OF HUSBAND OR WIFE Minnie Katherine Aschentrop | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 489-07-6497 | | 17. INFORMANT'S SIGNATURE OR NAME Harry J. Aschentrop ADDRESS 5861 Romaine P. | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage Central ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) arteriosclerosis, gangrene II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. left foot for | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 3 mo | | |
| 19a. DATE OF OPERATION 2-16-55 | | 19b. MAJOR FINDINGS OF OPERATION lumbar sympathectomy left & right | | | | 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) _____ m. | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 331X. | | | | 22. I hereby certify that I attended the deceased from Feb 16, 1955 , to March 2, 1955 ; that I last saw the deceased alive on Mar 17, 1955 , and that death occurred at 11A m., from the causes and on the date stated above. | | |
| 23a. SIGNATURE D. J. Verda M.D. (Degree or title) | | 23b. ADDRESS 4500 Olive | | 23c. DATE SIGNED 3-4-55 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Mar. 5th, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peters | | 24d. LOCATION (City, town, or county) (State) st. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. MAR 4 1955 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Kraeger Funeral Dir. ADDRESS 3402 N. Kingshighway | | | | |

(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 MP

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

G. W. Wilkinson

Licensed Embalmer No. 3575

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.