

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13080**
Registrar's No. **3334**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3334					
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. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 22 1301 Armstrong				2229 0			
3. NAME OF DECEASED (Type or Print) Elmer Askew			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH 4 10 55		(Month)		(Day)		(Year)					
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 25 Jan 1923		9. AGE (In years less birthday) 32			
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Filling Station			11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Louis Askew			13b. MOTHER'S MAIDEN NAME Sarah Clora			14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXX					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 496 16 8030			17. INFORMANT'S SIGNATURE OR NAME Sarah Askew			ADDRESS 1301 Armstrong		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Appendicitis, Ruptured ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Diarrhea, Severe with Electrolyte Imbalance; Renal Insufficiency						INTERVAL BETWEEN ONSET AND DEATH Undt.			
19a. DATE OF OPERATION 3-28-55		19b. MAJOR FINDINGS OF OPERATION Ruptured Appendix						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 5501							
22. I hereby certify that I attended the deceased from 3-27 , 19 55 , to 4-10 , 19 55 , that I last saw the deceased alive on 4-10 , 19 55 , and that death occurred at 9:15A m., from the causes and on the date stated above.											
23a. SIGNATURE Frank O. Richards				(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 4-12-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 16 April 55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri					
DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Sys.					ADDRESS 1221 N. Taylor	

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.....
Signature of Student Embalmer

Signed.....

Paul J. Freeman

Licensed Embalmer No. 464

P. O. Address 472976

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.