

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1955

State File No. **37965**  
**9151**  
Registrar's No.

|   |   |  |  |   |   |  |   |
|---|---|--|--|---|---|--|---|
| BIRTH NO. _____   |   | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | State File No. <b>37965</b><br><b>9151</b>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )   |   | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN <b>Afton</b>  |   | 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 <b>Frisco Hospital Ass'n.</b>   |   |  |  | e. STREET ADDRESS (If rural, give location) <b>6320 Hurstgreen Lane</b>   |   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ESMOND</b>   |   |  | b. (Middle) <b>VERE</b>                          |   | c. (Last) <b>ASHWORTH</b>                                   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19 1955</b> |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  |  | 8. DATE OF BIRTH <b>July 19-1892</b>  |   | 9. AGE (In years last birthday) <b>63</b>  | IF UNDER 1 YEAR Months _____ Days _____                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Concordia, Kansas</b>   |   | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>John Ashworth</b>   |   |  | 13b. MOTHER'S MAIDEN NAME <b>Gertrude Hodges</b> |   | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Olga Fuchs Ashworth</b> |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |   | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Olga Ashworth</b> ADDRESS <b>6330 Hurstgreen Lane</b>  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, hypostatic terminal</b>                               |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>   |   |
|   | ANTECEDENT CAUSES<br><b>Cirrhosis esophageal varices and with hemorrhages &amp; Uremia</b>  |  |  |   |   | 8 mo known   |   |
|   | DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>                                  |  |  |   |   |  |   |
|   | DUE TO (c) _____  |  |  |   |   |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br><b>581-0</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |   |  |   |
| 19a. DATE OF OPERATION _____  |   | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |   | 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) _____ m.  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |   |  |   |
| 22. I hereby certify that I attended the deceased from <b>Oct 6</b> , 19 <b>55</b> , to <b>Oct 19</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Oct 19</b> , 19 <b>55</b> , and that death occurred at <b>9-9</b> m., from the causes and on the date stated above. |   |  |  |   |   |  |   |
| 23a. SIGNATURE <b>Norman Miller</b>   |   |  |  | 23b. ADDRESS <b>4900 Leedale</b>  |   | 23c. DATE SIGNED <b>Oct 19, '55</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>  |   | 24b. DATE <b>Oct. 22, 1955</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>   |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>   |   |
| DATE REC'D BY LOCAL REG. <b>OCT 20 1955</b>   |   | REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4220 S. Kingshighway B</b>  |   |  |   |

**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 *Edwin A. Mc Dermott* .....

Licensed Embalmer No. *3024* .....

P. O. Address .....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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