

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35221

State File No.

BIRTH NO. FILED NOV 16 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9798

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place)		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 <u>MISSOURI PACIFIC HOSP</u>		STREET ADDRESS (If rural, give location) <u>2140 5601 BANCROFT</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>DESHAY</u> c. (Last) <u>ASHCRAFT.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 25 1956</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR. 21, 1882</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCOMOTIVE ENGINEER - MO. PAC R.R. CO</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>DE SOTO, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LUCIA ASHCRAFT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LEE</u>	
14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE ASHCRAFT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPHINE ASHCRAFT</u>		ADDRESS <u>5601 BANCROFT</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RUPTURED ANEURYSM LEFT FEMORAL ANEURYSM.</u> ANTECEDENT CAUSES <u>ADVANCED GENERALISED ARTERIO-SCLEROSIS</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY FIBROSIS. CHRONIC HYPOPROTEINEMIA 452X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION <u>30 AUG 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>EMBOLISM & THROMBOSIS (L) FEMORAL ARTERY & GANGRENE (L) FOOT.</u>	
20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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?			
22. I hereby certify that I attended the deceased from <u>22 AUG, 1956</u> , to <u>25 OCT, 1956</u> , that I last saw the deceased alive on <u>25 OCT, 1956</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bard M Passanante, M.D.</u>		23b. ADDRESS <u>462 N. Taylor, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>10-26-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-29-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO, MO.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 26 1956</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>		ADDRESS <u>4228 S. KINGSHIGHWAY</u>	

B.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Richard W. Stoeser

Licensed Embalmer No. 40

P. O. Address.....

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.