FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022329
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6112

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Luke's Hospital Length of stay in 1b 32

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ralls
c. CITY OR TOWN Center Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 0870 (If outside, give location) 31 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lester Middle Ernest Last Asher
4. DATE OF DEATH Month June Day 26 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 28, 1893
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Dealer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Ralls County, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Henry Asher
14. MOTHER'S MAIDEN NAME Mary Farress
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT William Asher, Center, Missouri. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma pancreas — INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 157x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 6/15/57, to 6/26/57 and last saw her/him alive on 6/25/57
Death occurred at 1:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Carl E. Lischer MD (Degree or title)
22b. ADDRESS 457 N. Kingshighway
22c. DATE SIGNED 6/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-26-57
23c. NAME OF CEMETERY OR CREMATORY Norton Cemetery
23d. LOCATION (City, town, or county) Ralls County, Missouri. (State)
24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG. JUL 1-57
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John L. Dem

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.