

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025616

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7046** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 12 1963

VS 300 Rev. 4/59
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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St. Louis** Length of stay in 1b **1hr. 7 min**
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: **Incarnate Word** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY c. CITY OR TOWN: **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location): **5911 West Park** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **LADONNA** Middle **JEAN** Last **ASCHOFF** 4. DATE OF DEATH Month **7** Day **4** Year **63**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-4-63** 9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min IF UNDER 24 HR **1 7**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Edward H. Aschoff** 13b. MOTHER'S MAIDEN NAME **Loretta Jane Thele** 14. NAME OF HUSBAND OR WIFE **None.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) **N**
16. SOCIAL SECURITY NO. **[redacted]** 17. INFORMANT **Mrs. Edward Aschoff** Address **5911 West Park**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Atelectasis**
DUE TO (b) **Hydrothorax Bilateral**
DUE TO (c) **Mediastinal Adenitis**
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Hypertrophied Liver Green - 756.2**
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 **7/4/63** to **7/4/63** and last saw her alive on **7/4/63**
Death occurred at **7:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signature or title) **[Signature]** 22b. ADDRESS **1852 St. Grand** 22c. DATE SIGNED **7-4-63**
23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7/8/63** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

24. FUNERAL DIRECTOR **McLaughlin Funeral Home, Inc.** ADDRESS **2301 Lafayette, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **JUL 6 1963** 26. REGISTRAR'S SIGNATURE **[Signature]**

Embalmer's Statement on Reverse Side

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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, ^{NOT}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No. 550

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.