

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5394 Registrar's No. 91

FILED AUG 26 1963

VS 300 Rev. 4/59		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		DATE AMENDED
ITEM NO.	SHOULD READ	INSTEAD OF		
1	0500			
2	2239			
3	2239			
4	0			
5	9			
6				
7	2			
8	2			
9	331X			
10				
11				
12	86-0			
13	4-0			

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: from date of admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - Meramec</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		d. STREET ADDRESS (If outside, give location) <u>Malcolm A. Bliss (N.C.M.)</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE S. Ashbee</u>		4. DATE OF DEATH Month Day Year <u>August 12, 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>UNKNOWN</u>	8. DATE OF BIRTH <u>81 From Record</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROAD CLERK</u>		11. BIRTHPLACE (City and state or country) <u>ENGLAND</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		17. INFORMANT <u>Dr. Roch. St. Joseph's Hill Infirmary</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBROVASCULAR ACCIDENT</u> DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS.</u> DUE TO (c) <u>Gen. arteriosclerosis c C.V. and Cerebral involvement.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Brain Syndrome.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>5/15/1963</u> to <u>8/12/63</u> and last saw him alive on <u>8/6/63</u> . Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. b. Hogan M.D.</u> (Degree or title)		22b. ADDRESS <u>3654 South Grand St Louis 18</u>	
22c. DATE SIGNED <u>8/13/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8-15-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>
24. FUNERAL DIRECTOR <u>KRIEGSHAUSER 4228 S. KING HIGHWAY</u>		25. DATE RECD. BY LOCAL REG. <u>8/19/63</u> 26. REGISTRAR'S SIGNATURE <u>Mrs. Juanita Schmitt</u>	

AUG 29 1963

Rec. 8/14/63 qb.

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

Ernest W. Spillars

Licensed Embalmer No.

4080

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.