S. No. 2
I—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39391

FILED NOV 22 1947 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 10227

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2305 N. Kingshighway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Luckey Ashby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emily G. Ashby

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 18 (Day) 1868 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 88 | 10 | 20 | hr. min. |

9. Birthplace Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Ashby
13. Birthplace Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaretta Boyer
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Lewis H. Ashby
(b) Address 2305 N. Kingshighway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Sinton Texas

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. NOV 9 - 1947 (Date received local registrar) (b) J. T. Breidek (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 8
year 1947 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 19 47 to Nov 8, 19 47
that I last saw him alive on Nov 7, 19 47
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Empyema of Gallbladder | |
| Due to Chole Cystitis - Non-calculous | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Martin J Glaser (M. D. or other)

Address 5026 Olive St. Date signed 11-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) Martin J Glaser

3550 Hawthorne

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed..... Albert R. Thompson Jr

Licensed Embalmer No..... 4230

P. O. Address..... St Louis

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