

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 0031
(No. 8020 Canadelle Ave)

File No. 38842
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 8020 Canadelle St., Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Harry Aschlenkam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stegatlitz Mo

FATHER 13. NAME Wm Ogle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co

MOTHER 15. MAIDEN NAME Caroline Donnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co

17. INFORMANT Mrs. Martha Morton (ADDRESS) 8020 Canadelle

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE Nov 28 1931

19. UNDERTAKER Julius Rothman (ADDRESS) 593 Russell St

20. FILED Mr. 4 - 1931 R W Sullivan Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1931

22. I HEREBY CERTIFY, that I attended deceased from May 28 1931 to Nov 24 1931
I last saw him alive on Oct 25 1931. Death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
97
1870 C
1871 1
913
Other contributory causes of importance: Paralysis of Intestines and bladder
Date of onset 11/4/31

Name of operation _____ Date of _____
What test confirmed diagnosis? Medical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. R. Sullivan, M. D.
(Address) Clayton Mo

NOV 28 1931

100-100000