

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35250
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 789
(b) St John Station Primary Registration District No. 6033 Registered No. 255
(c) City Central (d) Street No. 8925 Wincom Av. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie K. Aschentrop
(a) Residence, No. 8925 Wincom Av. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Aug. Aschentrop (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20-1868
7. AGE YEARS 68 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
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) Ger.

FATHER 13. NAME Herman Janning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

17. INFORMANT (ADDRESS) Aug. Aschentrop 8925 Wincom Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter DATE Sept 8 1937

19. FUNERAL DIRECTOR (ADDRESS) Trumachung Und. Co 4744 W. Florissant Av.

20. FILED 9-7- 1937 Ed. Bachner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to Sept 5 1937.
Last saw her alive on Sept 5 1937. Death is said to have occurred on the date Sept 5 1937 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 9/5/37

Other contributory causes of importance:
arteriosclerosis
Chronic arthritis Deformans 1930

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 1930
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) H. F. Miller M. D.
(Address) 8410 N. Broadway St. Mo.

WHILE PLAINLY WRITING IN THIS IS A PERM... I X12904 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

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hopper, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Albert G. Hopper

Licensed Embalmer No. 2971

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.)