

REC'D MAR 14 1938

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

5411
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **79**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Peoples Hospital** Registered No. **2056**
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Askeu** **200**

(a) Residence, No. **2819 a Easton** St. **21**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female**
4. COLOR OR RACE **col**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15 - 1892**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 9 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cook**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Tenn**
13. NAME **Jim Askeu**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**
15. MAIDEN NAME **Sally Thomas**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**
17. INFORMANT (ADDRESS) **Tennie Ford 2819 a Easton Ark**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Jackson Tenn** DATE **Feb 26 1938**
19. FUNERAL DIRECTOR (ADDRESS) **Dement - son 2631 Wash St**
20. FILE **FEB 28 1938** **J. B. Burdick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-21-1938**
22. I HEREBY CERTIFY, That I attended deceased from **2-14-1938** to **2-21-1938**
I last saw her alive on **2-21-1938** Death is said to have occurred on the date stated above, at **7 A.** m.
The principal cause of death and related causes of importance were as follows:
Bilateral Labar Pneumonia
Other contributory causes of importance: **Diabetes mellitus**
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? 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 **C.M. Jones**
(Signed) **3447 Pine Blvd.**
(Address)

Date of onset
2 weeks

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.

2056

2056

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykin, Licensed Embalmer No. 2946

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.)