

REC'D SEP 12 1938

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

27538
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. St. Luke's Hospital (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

Daisey F. Asman
(a) Residence, No. 2916 N. Kinshighway St. 6 (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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry R. Asman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 XX

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Recreational director
9. Industry or business in which work was done, as saw mill, bank, etc. Or. Hans Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Unknown Freeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

15. MAIDEN NAME Unknown

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

17. INFORMANT (NAME) Henry R. Asman
(ADDRESS) 2916 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Aug. 25, 1938

19. FUNERAL DIRECTOR (NAME) Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED AUG 24 1938 J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/38

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Embolus in brain (medulla oblongata) by emboli in large and medium size branches of S. cerealea, which accompanied vegetative endocarditis following a fall at Christiana, Orphan Home at 2951 Euclid Ave on July 12-1938 about 10 AM in a hallway of slipping on steps

Other contributory causes of importance

fall at Christiana Orphan Home at 2951 Euclid Ave on July 12-1938 about 10 AM in a hallway of slipping on steps

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/17/38

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 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 Joseph M. Quinn (Signed) Deputy Coroner (Address)

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.

1 X 14022

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,

J.W.M. Bentley, or by

Registered Apprentice No....., working under my personal supervision.

Signed *J.W.M. Bentley*

Licensed Embalmer No. *3653*

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 this body is not embalmed, above space should be left blank.