JAN 11 1939

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

791

40985
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 10677

(c) or City S. Louis (d) Street No. City Hospital No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 12987 260

2. PRINT FULL NAME Josephine Asher

(a) Residence, No. 1843 Menard St. 23
(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: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Asher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1908

7. AGE: Years 30 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. factory

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) Missouri 0

FATHER

13. NAME George Engles 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Bell Iseral

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 12 1938

19. FUNERAL DIRECTOR (NAME) Pete Bros (ADDRESS) 3029 Lafayette Ave

20. FILED DEC 12 1938 J. D. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/38 19

22. I HEREBY CERTIFY, That I attended deceased from 12/5/38 19 to 12/10/38 19 I last saw her alive on 12/10/38 19 Death is said to have occurred on the date stated above, at 10.20 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Yellow Atrophy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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?
If so, specify
(Signed) M. F. Hall, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Frank L Owens

Licensed Embalmer No. 7245

P. O. Address 3029 Lafayette

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.