

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

791
1008

16740
Do not use this space.

4274

1. PLACE OF DEATH **DEPT JUN 12 1939**

(a) County / Registration District No.

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

(c) City **ST. LOUIS.** / (d) Street No. **ALEXIAN BROTHERS HOSP.** 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.

2. PRINT FULL NAME **LAWRENCE ASPLIN**

(a) Residence, No. **5523 I T A S K A ST** St. **79** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 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 **Celia Asplin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 25 - 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **58 8 10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **POLICE OFFICER.**

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) **RICHWOODS MO**

FATHER 13. NAME **RIONA ASPLIN.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

MOTHER 15. MAIDEN NAME **ELVINA BEATT.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

17. INFORMANT **Celia Asplin** (ADDRESS) **5523 I T A S K A ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETER & PAUL** DATE **MAY 9 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **JOS. P. FENDLER JR. 7128 MICHIGAN AV.**

20. **MAY 8 1939** **J. D. Bruders** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-5-1939**

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

I last saw him..... alive on, 19..... Death is said to have occurred on the date stated above, at **3:00 P.M.**

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

Compound fracture of ribs and laceration of lungs and heart, as a result of being forced off the Highway #30, near Murphys Mo. by an unknown automobile about 2:10 P.M., May 5, 1939. Criminal carelessness.

Other contributory causes of importance:

210 7 28

Name of operation..... Date of.....

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? **C.C.** Date of injury **May 5 1939**

Where did injury occur? **Missouri** (Specify city or town, county, and State)

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

Manner of injury..... **see above**

Nature of injury..... **see above**

24. Was disease or injury in any way related to occupation of deceased? If so, specify **Alcohol**

(Signed) **Alfred J. Perry** M.D. (Address) **St. Louis**

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 *Albert G. Koppes*

Licensed Embalmer No. *2901*

P. O. Address.....

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.