

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

Do not use this space.

RECORDED JUL 12 1939

791
1008

20614

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No.
Primary Registration District No.
St. Louis Maternity Hospital (Ward)

File No.
Registered No. 5458

2. FULL NAME ³⁶² Ashkins Infant

(a) Residence, No. 7542 Oxford Dr N R Ward. Clayton Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) June 2, 1939 (5:20pm)
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) Saint Louis, Missouri (STATE OR COUNTRY)

MOTHER 13. NAME Ashkins, Albert Edward

14. BIRTHPLACE (CITY OR TOWN) Boston, Mass. (STATE OR COUNTRY)

15. MAIDEN NAME Michalson, Della

16. BIRTHPLACE (CITY OR TOWN) Pittsburgh, Pa. (STATE OR COUNTRY)

17. INFORMANT Albert E. Ashkins (ADDRESS) 7542 Oxford Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ DATE 6-19-39

19. UNDERTAKER Dept of Pathology Wash University (ADDRESS)

20. F JUN 19 1939 J. F. B. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to....., 19....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1150 n. p.

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

pericarditis (2 weeks) 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) Fred J. Tausen....., M. D.

(Address) 37 [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.

