

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REGD OCT 14 1939
Registration District No. 791
1008

Primary Registration District No. _____

Registrar's No. 8021

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Byron L. Ashdown 255

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 25th, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturers Agent

11. Industry or business Steam Engines

12. Name George D. Ashdown

18. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McGinnis

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George D. Ashdown

(b) Address 4408 Bircher Blvd.

17. (a) Burial (b) Date thereof 9/18/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arhman Hanel

(b) Address 1905 Union Blvd.

19. (a) SEP 18 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis [7]
(If outside city or town limits, write "RURAL")
 (d) Street No. 4408 Bircher Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
 year 1939 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 17, 1939
 _____, 19____ to Sept 15, 19____
 that I last saw him alive on Sept 15, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
gangrenous appendix Duration 4 weeks
 Due to resulting peritonitis 1 week

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations appendectomy
Aug 18, 1939
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work _____ (a) Means of injury _____
 23. Signature Arhman Hanel (M.D. or other) M.D.
 Address 2202 University Date signed 9/16/39

12-21
12-21
University of

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 *R. M. Seiford*
Licensed Embalmer No. 2273
P. O. Address *Spencer*

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.