

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **4723**

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:
City Hospital # 1
(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

8. (a) PRINT FULL NAME Riley E. Asher **260**

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

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

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

7. Birth date of deceased: March 27th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Phillips County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter for self

MOTHER FATHER { 11. Industry or business _____

12. Name Peter Asher

13. Birthplace Phillips County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sturdevant

15. Birthplace Phillips County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Asher

(b) Address 18 S. 21st St. Belleville Ill

17. (a) Removal (b) Date thereof 5-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Mo.

18. (a) Signature of funeral director: Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) MAY 29 1940 (b) J. B. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis **15**
(If outside city or town limits, write "RURAL")
 (d) Street No. 5204 Tennessee Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
 year 1940 hour 4:45 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following abscess of back and fracture of right and left leg, when struck while trying to cross the street by an automobile driven by one, Ira Sheets, at Barnes and Putnam Ste., about 7:40 PM April 9, 1940. ACCIDENT.

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

Major findings: _____
 Of operations _____

Of autopsy _____

PHYSICIAN

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) Accident

(b) Date of occurrence 4/9/1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

ES While at work? _____
(Specify type of place) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) 5

Address [Address] Date signed 5/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1969

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 Edwin M. Bernath

Licensed Embalmer No. 3024

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.