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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23768  
State File No. 6213  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Missouri  
(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 2 Days  
In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULLNAME Baby Ashlock 242  
3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex FEMALE 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 22 years (Day) (Year)  
7. Birth date of deceased: July 22 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 hr. min.

9. Birthplace ST. LOUIS MO. ( )  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL  
11. Industry or business NIL

MOTHER FATHER { 12. Name ELLIS ASHLOCK  
13. Birthplace Mo. ( )  
14. Maiden name ANNA HEMLEIN  
15. Birthplace ST. LOUIS Mo. ( )  
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Ashlock  
(b) Address 6718 IDAHO

17. (a) BURIAL (b) Date thereof 7-26-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. HOPE CEMETERY

18. (a) Signature of funeral director Southland Funeral Home  
(b) Address Jefferson Blvd.

19. (a) JUL 25 1940 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County.....  
(c) City or town ST. LOUIS 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6918 Idaho  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 24,  
year 1940 hour 4:15 minute P. M.  
21. I hereby certify that I attended the deceased from July  
23, 1940 to July 24, 1940;  
that I last saw her alive on July 24, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Due to.....  
Due to.....  
Other conditions (Includes 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).....  
(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) (e) Means of injury.....  
While at work?.....  
23. Signature H. Kottusda (M. D. or other)  
Address 1515 Lafayette Date signed 7/25/40

**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..... *Virgil L. Berryman*.....

Licensed Embalmer No..... *3018*.....

P. O. Address..... *St. Louis Mo.*.....

**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, fact should be so stated above.**