

2-40
-39
23159

Registration District No. **1940 784**

Primary Registration District No. **106**

Registrar's No. **2154**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 118 Brooklyn St.
(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 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 118 Brooklyn St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Aselman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1940 hour 11 minute 58P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Emma Aselman

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

7. Birth date of deceased: June 29 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 16
1940 to Nov 13 1940

that I last saw him alive on Nov 11 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death: Uremia

due to calculus & ureter

Due to 100 calculus in bladder

Due to _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

Other conditions: 1340

(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: large stone size hen egg

Of operations _____

Of autopsy not done

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Helen Aselman

(b) Address 118 Brooklyn Kirkwood Mo

17. (a) Burial (b) Date thereof 11/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis Hopp

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) NOV 15 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Helen Aselman (M. D. or other) _____

Address 365 W. Broadway Date signed 11/16/40

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.....

John M Meyer
working under my personal supervision

....., Registered Apprentice No.

Signed *John M Meyer*

Licensed Embalmer No. *3285*

P. O. Address *340 Wadsworth
Parkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.