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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4250

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 53

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: O Robt Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7½ years (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3666 Finney Ave (If rural, give location) 1

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

3. (a) PRINT FULL NAME ROSIE ASHFORD

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

4. Sex F 5. Color or race N 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 September (Month) 19 (Day) 1911 (Year)

8. AGE: Years 29 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jesse M. Ashford
13. Birthplace Mansfield, (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name JANE BRAZIL
15. Birthplace Fordyce (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant KOCH HOSPITAL RECORD

(b) Address Koch's, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Ogden

(b) Address 4107 Finney Ave

19. (a) JAN 9 - 1941 (Date received local registrar) (b) R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1941 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from May 6, 1933, to January 6, 1941; that I last saw her alive on Jan 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration: Since January 1931

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)

While at work? (e) Means of injury

23. Signature Paul Murphy (M. D. ~~or other~~) O

Address Koch's Hospital Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

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