

No. 2-13-46
5-17-39
X23

FO 7000

State File No. _____

FILED APR 9 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 670

1. PLACE OF DEATH: St. Louis
 (a) County _____
 (b) City or town Clayton
 (c) Name of hospital or institution St. Louis County Hosp.
 (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. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Bernard Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. 328 scenic drive
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 30 years.

3. (a) PRINT FULL NAME Christ Asmus
 (b) If veteran, name war No
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 27
 year 1941 hour 9:20 minute A. M.

4. Sex Male 5. Color of hair Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 16 1886
 (Month) (Day) (Year)

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.

8. AGE: Years 54 Months 8 Day 11 If less than one day _____ hr. _____ min.
 9. Birthplace Germany
 (City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma of stomach
 Duration 3 weeks

10. Usual occupation Machinist
 11. Industry or business Mo. Portland Cement
 12. Name Chris Asmus
 13. Birthplace Germany U
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Gudman
 15. Birthplace Germany U
 (City, town, or county) (State or foreign country)

Due to _____
 Due to Carcinoma of stomach 6 months?
 Other conditions 4 1/2 ft.

16. (a) Informant Carl E. Asmuckel
 (b) Address 846 34 Broadway
 17. (a) Burial (b) Date thereof 3-29-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director Wm. F. Stuart
 (b) Address 1225 Union Blvd.
 19. (a) MAR 27 1941 (b) J. R. Meyer
 (Date received local registrar) (Registrar's signature)

Major findings: Ca. of stomach colon & intestines
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature L. Kimman (M. D. or other) D
 Address Clayton Mo. Date signed 3/24/41

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

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#5

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 *Bernard G. Stuart*
Licensed Embalmer No. *3500*
P. O. Address *1225 Union, Blk*

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.