

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29379  
Registrar's No. 1706

Registration District No. 178

Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(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 Missouri (b) County..... 96  
(c) City or town Brentwood, Mo. 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8839 Lawn Ave., 1  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ella Ashe  
3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August 13  
year 1941 hour 10.53 A.M. minute..... M.  
21. I hereby certify that I attended the deceased from 1934  
to Jan 31 1941;  
that I last saw her alive on Jan 31 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (e) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
Charles Ashe alive..... years  
7. Birth date of deceased June 4, 1870  
(Month) (Day) (Year)

Immediate cause of death in doubt  
Coronary vascular disease 5 yrs.  
Cerebral sclerosis 6 " "  
Due to Senility  
Due to..... 13/4

8. AGE: Years Months Days If less than one day  
71 2 9 hr. min.

9. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Nil

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.

11. Industry or business.....  
12. Name Thomas McDonald  
13. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace..... 9 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Holt  
(b) Address 4348 Forest Park  
17. (a) Burial (b) Date thereof 8/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

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.....

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) AUG 14 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

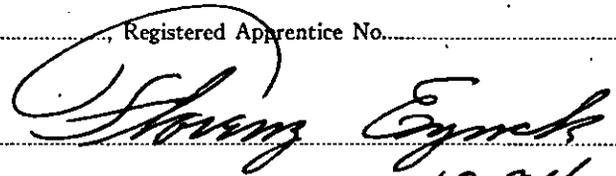
Signature [Signature] (M. D. or other)  
Address 5727 Delmar Date signed 8/14/41

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

**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.....



Licensed Embalmer No. ....

1284

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.**