No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29891 7230

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yr. 3 mo. (Specify whether
In this community same
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Howell 000
(c) City or town West Plains 17
(If outside city or town limits, write "RURAL")
(d) Street No. 116 E. Maple 9
(If rural, give location) 12
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Miss Annie L. Askin

3. (b) If veteran, name war No.

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 Single

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

7. Birth date of deceased October 25, 1864 (Month) (Day) (Year)

8. AGE: Years 76 | Months 10 | Days 9 | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name James L. Askins
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Titters
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clara D. Rothe
(b) Address 5351 Delmar Blvd., St. Louis, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) SEP 6 1941 (Date received local registrar) (b) J. Goedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 4th. year 1941 hour 1. 25 P. M. M.

21. I hereby certify that I attended the deceased from August 29, 1929, 19 to Sept. 4th. 1941 19; that I last saw her alive on September 4th. 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | 6 Mts. |
| Due to Chronic Interstitial Nephritis | 1 yr |
| Due to | |
| 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.

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 [signature] (M. D. or other)
Address 508 N. Grand Blvd. Date signed 9-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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

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