

FILED APR 17 1942

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3046

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 3219 Barrett Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Aselage

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John Aselage

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased June 7 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER {

12. Name Phillipp Hensch

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

14. Maiden name Margdalen Kaiser

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

16. (a) Informant Elizabeth Aselage

(b) Address 3209 Barrett St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary 49th 1942

18. (a) Signature of funeral director Meek and Dickson

(b) Address 5064 Vernon Ave

19. (a) APR 4 1942 (Date received local registrar) (b) J. F. Oredock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 ⁰⁰⁰ ₁₇ ⁹

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

(d) Street No. 3219 Barrett Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour 5:15 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 31st 1942 to Apr 1st 1942 that I last saw h. alive on Apr 1st and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis (Hepatic) with Effusion.

Due to Not To

Due to Alcoholic intake

Due to Arterial Tension, plus Senility

Other conditions None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury

23. Signature Alfred Mesinger (M. D. or other) Address 4244 W. Florissant Date signed 4/2/42

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 *Howard A Rowland*

Licensed Embalmer No. *3114*

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.