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ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

12384

State File No. ....

FILED APR 27 1942  
Registration District No. ....

Primary Registration District No. ....

Registrar's No. 3408

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 2404 Bacon St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ida Ashbrook

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bryan Ashbrook 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 27, 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15, year 1942 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from January 16, 1942 to April 15, 1942, that I last saw her or alive on April 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 30 h years

8. AGE:	Years <u>65</u>	Months <u>1</u>	Days <u>18</u>	If less than one day hr. min.
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Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City, Kan.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name John I Snider

{ 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sibena Unknown

{ 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Bryan Ashbrook  
(b) Address 2404 Bacon St.

17. (a) Burial (b) Date thereof Apr. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. F. Paschedag  
(b) Address 2825 N. Grand Blvd.

19. (a) Apr 16 1942 (b) J. F. Medek  
(Date received local registrar) (Registrar's signature)

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 W. A. Corley (M. D. or other) 0  
Address 1515 Lafayette Avenue Date signed 4/15/42

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Walter D. Burnley  
Licensed Embalmer No. 4202

P. O. Address.....

**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.**