

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7600

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4151 Utah Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Charles F. Ashley

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

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

6. (b) Name of husband or wife Lydia Ashley 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 7 - 5 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 2 6 ..hr. ..min.

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

10. Usual occupation I.C.C.

11. Industry or business Acc't

12. Name Andrew Ashley

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Harmon

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Ashley  
(b) Address 4151 Utah Street

17. (a) Burial (b) Date thereof 9/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Thos. H. Aldrich N.Y.C.  
(b) Address 3634 Gravois Ave.

19. (a) SEP 12 1942 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4151 Utah Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 th. year 1942 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1942 to Sept. 11, 1942  
that I last saw him alive on Sept. 11, 1942, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death  
Ac. Cardiac collapse  
Chronic Myocarditis  
Chronic Alcoholism  
Due to.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration

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 Geo. C. Long (M. D. or other) MD  
Address 2621 S. Jefferson Date signed 9/12/42

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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..... *Robert Ciuchetti* .....

Licensed Embalmer No..... *2178* .....

P. O. Address..... *Pokanish 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.**