

D AUG 8 1943  
Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 1777

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Maplewood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Maplewood Nursing Home, 2200 Bradley  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME William Rufus Aston  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or Race w  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 16 1854  
 (Month) (Day) (Year)

8. AGE: Years 89 Months 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren Co. Mo. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Henry Aston  
 13. Birthplace England 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hose  
 15. Birthplace Warren Co. Mo. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leslie Astor

(b) Address Sun Juxton Mo 9

17. (a) Burial (b) Date thereof 8-4-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pine Oak Cem

18. (a) Signature of funeral director Blair A Jones

(b) Address Bellflower Mo

19. (a) AUG 8 1943 (b) C. D. McManis  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Warren  
 (c) City or town New Juxton - rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
 year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 27, 1943 to Aug. 1, 1943  
 that I last saw him alive on Aug. 1, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning  
 Duration do not know

Due to Prostatic hypertrophy and senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 137a  
 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 \_\_\_\_\_

28. Signature J. A. Sterling (M. D. or other) \_\_\_\_\_

Address Maplewood Mo. Date signed 8-2-43

**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.....

.....  
working under my personal supervision.

Signed.....

*me*  
....., Registered Apprentice No.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**