

2-45  
7-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19648  
Registrar's No. 1897

Registration District No. 317  
Primary Registration District No. 3062

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Brentwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9110 West Pine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Brentwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9110 West Pine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paul Norman Ashlock  
3. (b) If veteran, name war World War 2 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruth Ashlock 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased 2/13/1904  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 27  
year 1947 hour 2:15 minute 15 P. M.  
21. I hereby certify that I attended the deceased from December 12, 1947, to May 27, 1947  
that I last saw him alive on May 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma, left lung with generalized metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
43 3 14 14 hr. 45 min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business War Dep't U.S.

MOTHER FATHER  
12. Name Thomas M. Ashlock  
13. Birthplace Washington Co Mo U  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle G. Arrison  
15. Birthplace Crawford Co Mo I  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: diagnosis made from section bronchoscopy  
Of autopsy NONE  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ruth Ashlock  
(b) Address 9110 West Pine Brentwood Mo  
17. (a) Burial (b) Date thereof 5/29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Robert J. Ambruster Inc  
(b) Address 6633 Clayton Road  
19. (a) 2-31-47 (b) Carl A. Sharp  
(Date received local registrar) (Registrar's signature)

23. Signature Louis F. Howe (M. D. or other) M.D.  
Address 2511 Brentwood Blvd Date signed 5/28/47

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

JUN 18 1947

JUN 19 1947

JUN 20 1947

MAY 13 1947

**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 Arnold W. Schene

Licensed Embalmer No. 3864

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.**