S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39390

FILED NOV 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10108

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 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19yrs 19days
In this community 63years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. ~~2145 N. Broadway~~ City Sanitarium 9
(If outside city or town limits, write "RURAL") (If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 13

3. (a) PRINT FULL NAME JOHN ASHBROOK

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 15 (Day) 1884 (Year)

8. AGE: Years 63 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name John Ashbrook
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Cross
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant J. Singler
(b) Address 5400 Arsenal st

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PK CEM.

18. (a) Signature of funeral director PASCHEDAG-HENKE
(b) Address 2825 N. GRAND BLVD

19. (a) NOV 12 1947 (Date received local registrar) J. F. Brenick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1947 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from July 1 1941 to Nov., 11, 1947 that I last saw him alive on Nov., 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Bilateral	9/8/47
xxx Paresis	1928x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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 0

23. Signature L. Hofstaller (M. D. or other) M.D.

Address 5400 Arsenal st Date signed 11/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

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.