

13560

THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 3240

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3240					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis <input checked="" type="checkbox"/> township)				c. LENGTH OF STAY (In this place) 47 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1801a Goode									
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) _____			c. (Last) Askew			4. DATE OF DEATH (Month) (Day) (Year) April 20 1949				
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH February 26, 1886		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 1 Days 24		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Post Office Dep't.		11. BIRTHPLACE (State or foreign country) Dayton, Alabama				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mary Shelton				ADDRESS 1523 Goode Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of Lower Extremities										INTERVAL BETWEEN ONSET AND DEATH Undet.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus lot										"			
DUE TO (c) _____										"			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility										" 21			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR _____							
22. I hereby certify that I attended the deceased from 3-19 , 19 49 , to 4-20 , 19 49 , that I last saw the deceased alive on 4-20 , 19 49 , and that death occurred at 4:20p m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Charles R. Frazer M. D. U						23b. ADDRESS 2601 N Whittier St			23c. DATE SIGNED 4-22-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-27-49		24c. NAME OF CEMETERY OR CREMATORY St. Peter's		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri							
DATE REC'D BY LOCAL APR 26 1949		REGISTRAR'S SIGNATURE Jr B Sosater			25. FUNERAL DIRECTOR'S SIGNATURE E. B. Kosner			ADDRESS 1221 N. Grand					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Effie E. Cooper

Licensed Embalmer No. *4600*

P. O. Address *1231 S. Grand*

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.