

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3284**
Registrar's No. **342**

317

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3063**

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights) | c. LENGTH OF STAY (In this place) 1 | c. CITY (If outside corporate limits, write RURAL and give township) 4010 OR TOWN Riverview Gardens | d. STREET ADDRESS (If rural, give location) 328 Scenic Dr. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helen | | b. (Middle) | c. (Last) ASMUS |
| | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 6th, 1950 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept 3rd 1888 |
| | | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR: Months _____ Days _____ |
| | | | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Germany |
| | | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME George Arnoneit | | 13b. MOTHER'S MAIDEN NAME Anna Schiebor | 14. NAME OF HUSBAND OR WIFE Christ Asmus |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Clark, 1468 E Warne |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Disease | years |
| | | DUE TO (c) Rheumatoid Fever | years |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 414X |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 12:00 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 7-1 , 19 49 , to 2-6 , 19 50 , that I last saw the deceased alive on 2-6 , 19 50 , and that death occurred at 10:01 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) William A. Cundiff, M.D. | | 23b. ADDRESS Miss. Helen Bledy | 23c. DATE SIGNED 2-7-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 2/9/50 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL FEB 8 1950 | REGISTRAR'S SIGNATURE Herbert R. Domke, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home 8319 Hallsferry Rd | |

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

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 Oliver R. Padwell

Licensed Embalmer No. 4077

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.