

FILED JUN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17703
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4425

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 68	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029	
		d. STREET ADDRESS (If rural, give location) 4758 Alma 0	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) -	
		c. (Last) Aschemann	
4. DATE OF DEATH (Month) (Day) (Year) May 12 1952			
5. SEX F.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1878
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) Westphalen, Germany 4	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Holt		13b. MOTHER'S MAIDEN NAME Friedericka Hoffmann	
		14. NAME OF HUSBAND OR WIFE Frank Aschemann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Frank Aschemann, 4758 Alma, St. Louis, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 18 Mos	
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		22. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from Jan 19, 1950, to May 12, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph E. Carney MD (Degree or title)		23b. ADDRESS 906 Olive St	
		23c. DATE SIGNED 5-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) 5239 W. Florissant Ave., St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAY 13 1952		REGISTRAR'S SIGNATURE Carl Smith MD (Licensed Embalmer's Statement on Reverse Side)	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.	

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

Dr. Jos. E. Carney,
Frisco Bldg.

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

Max E. Wapfel

Licensed Embalmer No. _____

4170

P. O. Address _____

1936 St Louis

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.