

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

547 State File No. 37796

FILED OCT 28 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2629 Registrar's No. 2629

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Mary's Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	
c. LENGTH OF STAY (in this place) <u>In Transit</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>ASKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-9-1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>9-14-1901</u>		9. AGE (In years last birthday) <u>52</u>		10. CITIZENSHIP <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (State or foreign country) <u>Cuba, Mo.</u>	

13a. FATHER'S NAME <u>BENJAMIN Franklin ASKINS</u>		13b. MOTHER'S MAIDEN NAME <u>Dona MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>Mary "Johnson" ASKINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-03-1243</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY ASKIN</u>	
				ADDRESS <u>St. James Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>degenerant hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Loenneck's Cirrhosis</u> DUE TO (b)  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 <u>2h.</u>  <u>5 yrs.</u>  <u>5811</u>
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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) (Min.)		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 1948, 19  , to 10/9/53, 19  , that I last saw the deceased alive on June, 1953, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hallen J. Gys...</u>		(Degree or title) <u>M.A.</u>		23b. ADDRESS <u>16 Hampton Village Plaza St. Louis, Mo.</u>	
23c. DATE SIGNED <u>10-11-1953</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>10/11/53</u>		REGISTRAR'S SIGNATURE <u>Hallen J. Gys...</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Paul C. Shaughnessy</u>	
				ADDRESS <u>Cuba, Mo.</u>	

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

OCT 28 1953

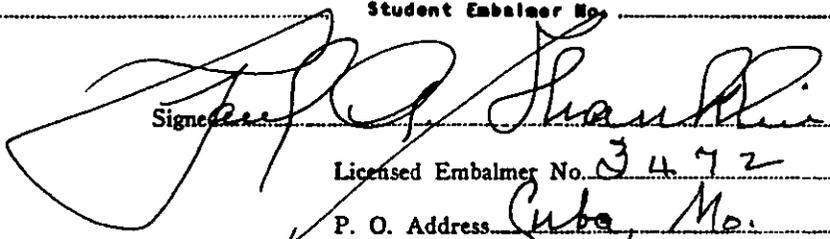
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed  \_\_\_\_\_

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.