

FILED DEC 4-1953

STANDARD CERTIFICATE OF DEATH

State File No. 40152

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

11090

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2237		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 11 days	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Infirmary			e. STREET ADDRESS (If rural, give location) 23 1828 Park Ave.		
3. NAME OF DECEASED (Type or Print) Joseph		a. (First)	b. (Middle)	c. (Last) Aslinger.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1953.
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 11, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tenn. /		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME ?? Aslinger		13b. MOTHER'S MAIDEN NAME Mary ????		14. NAME OF HUSBAND OR WIFE Iva Hewlett Aslinger	
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 Iva Aslinger, 1828 Park Ave, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General General Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease 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
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"/>	21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Nov. 9, 1953, to Nov. 20, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 9:30 P. m., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) Palmer R. B. Welsh M.D.			23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 11-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-23-1953	24c. NAME OF CEMETERY OR CREMATORY McClanahan Cemetery		24d. LOCATION (City, town, or county) (State) Madison County, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 23 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2501 Lafayette St. St. Louis, Mo.			

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James R. Chapman

Licensed Embalmer No.

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.