

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

3

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

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis, Missouri</b>                                |  | c. LENGTH OF STAY (In this place)   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b> |  | c. CITY OR TOWN<br><b>Round Rock</b>  | e. STREET ADDRESS (If rural, give location)<br><b>842 1/2</b>   |

|   |   |   |   |  |
|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)   | a. (First)<br><b>Palma</b>                          | b. (Middle)<br><b>Joyce</b>   | c. (Last)<br><b>Asher</b>                     | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 27 1954</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never married</b>  | 8. DATE OF BIRTH<br><b>April 23, 1954</b>     | 9. AGE (In years last birthday) IF UNDER A YEAR Months Days IF UNDER 24 HRS. Hours Min.<br><b>2 13</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None - Infant</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Weisbaden, Germany</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |  |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>J. W. Asher</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Frances Gible</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Nil</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No Nil</b> | 16. SOCIAL SECURITY NO.<br><b>None</b>            | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>J. W. Asher, Round Rock, Texas.</b> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>Interstitial Pneumonitis</b> |  |                                  |
| DUE TO (c)  |   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>491x</b>   |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:58 P.M.**, from the causes and on the date stated above.

|  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>Gabriel E. Taylor Corbett</b> (Degree or title) | 23b. ADDRESS<br><b>1300 Clark</b> | 23c. DATE SIGNED<br><b>6-29-54</b> |
|--|-----------------------------------|------------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>6-28-54</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Local</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Round Rock, Texas.</b> |
|---|-----------------------------|--|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG.<br><b>JUN 29 1954</b> | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Albert H. Hoppe, 4700 Washington</b> |
|--|--|---|

**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 *J. W. Bumbley*.....

Licensed Embalmer No. *36*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**