

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31609**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7726**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Lemay</b> <b>#86</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1401 Telegraph Rd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bess</b> b. (Middle) c. (Last) <b>Ash</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 19, 1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>7-22-1889</b>		9. AGE (In years last birthday) <b>65</b>		10. MONTHS <b>1</b> YEARS <b>1</b> HOURS <b>1</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>James Caddwell</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Clink</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. W. Ash</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chas. W. Ash 1401 Telegraph Rd.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Lemay 23, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Cerebral Aneurysm</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk. 7?</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS 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? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>44 SX</b>	

22. I hereby certify that I attended the deceased from **14 Aug. 1954** to **19 Aug. 1954**, that I last saw the deceased alive on **19 Aug. 1954**, and that death occurred at **11:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John S. Kellett</b>		(Degree or title)		23b. ADDRESS <b>2627 Telegraph</b>		23c. DATE SIGNED <b>20 Aug 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8-23-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>AUG 20 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand St. Louis, Mo.</b>	
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H. S. K. (Licensed Embalmer's Statement on Reverse Side)

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

Dr John G/ Kellett  
2627 Telegraph Rd.  
Tw 2-0044  
1 to 3 p.m.

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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.....  
*David Van Foss*

Licensed Embalmer No. 424

P. O. Address 6322 So 12

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.