

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13065

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3701

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital

e. STREET ADDRESS (If rural, give location) 358 Christian Ave., 20890

3. NAME OF DECEASED (Type or Print) ALFRED P. AINSWORTH

a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 25th, 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH January 6th 1906 9. AGE (In years last birthday) 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder

10b. KIND OF BUSINESS OR INDUSTRY automobile

11. BIRTHPLACE (City and State or Foreign Country) New Franklin, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Ainsworth 13b. MOTHER'S MAIDEN NAME Luella Berton 14. NAME OF HUSBAND OR WIFE Bernice Ainsworth

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. 489-09-1594

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Ainsworth, 358 Christian Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage and Rt. Ventricular bleeding.

ANTECEDENT CAUSES DUE TO (b) Hypertension.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Hypertrophy of Liver & Prostate.

Conditions contributing to the death but not related to the disease by condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____ 330x

22. I hereby certify that I attended the deceased from 10/23/1954, to 4/24/55, 19____, that I last saw the deceased alive on APR 17th, 1955, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman G. James, M.D.

23b. ADDRESS 9903 Diamond Drive

23c. DATE SIGNED 4/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 4/28/55

24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. APR 26 1955

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry

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

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. Wm. Bimbley*.....
Licensed Embalmer No. *365*
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.