

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =60-004528

FILED VS FEB 5 1960 17

Registration District No. 17 Primary Registration District No. 500 Registrar's No. 146 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Koch, Missouri</b>		Length of stay in 1b <b>252 days</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Robt. Koch Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>14 South Taylor</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>John</b> First <b>John</b> Middle <b>Edward</b> Last <b>Ashby</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>12</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-20-33</b>		9. AGE (last birthday) <b>26 yrs.</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stamp Maker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Hollywood Rubber</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Clifford Ashby (Deceased)</b>				13b. MOTHER'S MAIDEN NAME <b>Eleanor Johnson (Deceased)</b>				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>499-34-3886</b>		17. INFORMANT <b>Robt. Koch Hosp. Record, Koch, Mo.</b> Address <b>Mr. Stanley Haas, 1568 Bay Meadows Drive, Florissant, Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>car pulmonary</u>								ONSET AND DURATION <b>2 yr</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic pulmonary fibrosis</u>								<b>year</b>					
DUE TO (c) <u>pulmonary tuberculosis</u>								<b>10 yrs</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>0024</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>0024</b>									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>5-5-59</u> to <u>1-12-60</u> and last saw her/him alive on <u>1-12-60</u> Death occurred at <u>11:35</u> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Archie R. Brown, M.D.</b> (Degree or title)						22b. ADDRESS <b>Robt. Koch Hosp. Koch, Mo.</b>			22c. DATE SIGNED <b>1-13-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)					
<b>Burial</b>		<b>Jan. 15, 1960</b>		<b>Memorial Park Cemetery</b>				<b>St. Louis County, Missouri</b>					
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b> ADDRESS					25. DATE RECD. BY LOCAL REG. <b>1-14-60</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clement M. Healy

Licensed Embalmer No. 3792

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.