

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 28 1944

Registration District No. 276

Primary Registration District No. 6073

Registrar's No. 15-8

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTIN EVERETT ASBRIDGE

(b) If veteran, V name war _____

(c) Social Security No. 494-03-8805

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th
year 1944 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb. 15-44
to Aug 26- 1944

that I last saw him alive on Aug 25- 1944
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife Aurora Asbridge

(c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 3 1880
(Month) (Day) (Year)

Immediate cause of death Memoria

Due to Hypertrophoma

Due to of L. Kidney

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations - 520

Of autopsy - 520

8. AGE: Years 64 Months 7 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Bonne Terre RI Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Silas Asbridge

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Roberts

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aurora Asbridge

(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof Aug 28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Benjamin Hubert

(b) Address 313 Benton Bonne Terre

19. (a) 8-30-1944 (b) Jones
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature H. P. Jones (M. D. or other) _____

Address Bonne Terre Mo Date signed 8/29/44

1373

RECEIVED

District Health Officer No. 4
District File Number 944-4351
Date Filed 9-26-44

JUN 15 1953

APR

9 1953

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Bonne Terre

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 this body is not embalmed, fact should be so stated above.