MAY 2 1929

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

12202

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Crondalet — Primary Registration District No. 6248 G — Registered No. 114
City — (No. So. Affton Mo St. Ward)

2. FULL NAME Pillie Bast
(a) Residence. No. So. Affton Webster St. Grover Ward R.R 6
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Bast

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6, 1879.

7. AGE: Years 49 — Months 11 — Days 11 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Domonic Younger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hellema Hoffmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Harry Younger
(Address) St. Louis Mo

15. FILED Mch 18 1929 L. C. Obrock REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis & Chronic Endocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. mos. ds.

131 934 936

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Medical History
(Signed) John D. Connell, M. D
, 19 (Address) Coroner of St Louis County

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olive Cem.
DATE OF BURIAL: March 19 1929

20. UNDERTAKER: Fendler Und. Co 7819 Michigan Ave
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.