

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

Do not use this space.

32019

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. No. 4004 Lafayette Av.

File No.....  
Registered No. 9049  
St. .... Ward)

**2. FULL NAME**

Edward Bastian  
(a) Residence. No. 4004 Lafayette Av. 17 Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 6 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bastian

17. I HEREBY CERTIFY, That I attended deceased from July 16 1929, to September 6 1929.  
He last seen alive on September 5 1929, and that death occurred, on the date stated above, at 9 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 4-1869

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 7 2

Chronic myocarditis  
93c

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

(duration) 1 yrs. — mos. — ds.  
CONTRIBUTORY (SECONDARY) NO  
(duration) .. yrs. .. mos. .. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Joseph Bastian

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Madeline Fink

WHAT TEST CONFIRMED DIAGNOSIS?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

(Signed) St. Louis Schuchat M. D.

14. INFORMANT Mrs Mary Bastian  
(Address) 4004 Lafayette Av.

Sept. 7, 1929 (Address) 2200 Chouteau av

\*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.

15. FILED SEP -- 9 1929  
Ray C. Stanley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Memorial Park Cem Sept 9 1929

20. UNDERTAKER ADDRESS  
E. J. Schuur 3125 Lafayette av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2408

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