

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

Do not use this space.

12000

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City Bracones Hospital St. Louis Mo. (Ward)

File No.
Registered No. 3250
..... Ward

2. FULL NAME Louise Bash

(a) Residence, No. 1402 Dodier St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Bash
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23, 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 - 18

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

9. BIRTHPLACE (CITY OR TOWN) Hammbat
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Fred Bechtold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Egnes Ruter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Fred Bash
(Address) 1402 Dodier

15. FILED 14 1919 May C. Parker
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1931
17. I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 13, 1931, that I last saw him alive on March 12, 1931, and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hyperthyroidism
6 yrs. (duration) 4 yrs. - mos. - ds.
CONTRIBUTORY Chronic myocarditis & arteriosclerosis (SECONDARY)
Fibrillation (duration) 3 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General physical examination
(Signed) A. R. Phipple, M. D.
3/14/31, 19 (Address) 1026 W. Blay, M. Louis.

*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 Hammbat Mo DATE OF BURIAL March 13

20. UNDERTAKER Neidermuller 6203 Groves ADDRESS

THIS IS A PERMANENT RECORD

B. E.—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.

MISSOURI