

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

Do not use this space.

18155

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 506  
 City St. Louis (No. 2916 Arkansas)

File No. ....  
 Registered No. 5132  
 St. .... Ward)

**2. FULL NAME**

Cecelia Basswell  
 (a) Residence, No. 2916 Arkansas St., 16 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 00 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX H 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
65 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookport Ill.

MOTHER 13. NAME Henry Jeffords 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Edna Mosley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT Ernie Daedli  
 (ADDRESS) 2916 Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5-25-1932

19. UNDERTAKER Allen W. McLaughlin  
 (ADDRESS) 1631 Missouri

20. FILED MAY 27 1932 May C. Stark  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26<sup>th</sup>, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1930, to May 26, 1932.  
 I last saw h. alive on May 26, 1932. Death is said to have occurred on the date stated above, at 8:46 a.m.

The principal cause of death and related causes of importance were as follows:  
Myocarditis, Chronic  
Nephritis, Chronic  
131  
93C  
97 131 1  
 Other contributory causes of importance:  
Arteriosclerosis, General

Name of operation None Date of .....  
 What test confirmed diagnosis? Physical Was there an autopsy? no  
and laboratory

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? .....  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) PTU Laurel M. D.  
 (Address) 512 Braumont Bldg.

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.

