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

Do not use this space.
24572

791
1003

1. PLACE OF DEATH
County St Louis — Registration District No. 1003 — File No.
Township — Primary Registration District No. — Registered No. 6710
City (No. , St. Ward)

2. FULL NAME Mary Frederick Bascom
(a) Residence, No. 145 Westmoreland Place Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 84 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~~ widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jos. D. Bascom
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1848
7. AGE: Years 84 — Months 2 — Days 11 — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME George Frederick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalmatia N.D.

MOTHER
15. MAIDEN NAME Martha J. Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abbeville S.C.

17. INFORMANT Chas. E. Bascom
(ADDRESS) 52 Portland Place
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE July 22nd 1932
19. UNDERTAKER Wagoner U. Co.
(ADDRESS) 3621 Olive
20. FILED [illegible] Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 1930, 19..., to July 20, 1932
I last saw h. alive on July 20, 1932. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	1929
Chron myocarditis 93C 82B 97	1930
Other contributory causes of importance: Cerebral thrombosis	July 17 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) Martin Fischel, M. D.
(Address) 3720 Washington

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD