

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

Do not use this space.

41788

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1028
 City St Louis (No. 11931, Beacon St. 7 Ward)

File No.
 Registered No. 10874

2. FULL NAME

Mrs Kate Basold
 (a) Residence, No. 4931 Beacon St., 7 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 27 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27/1845</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>0</u>
	DAYS <u>9</u>	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. <u>Housewife</u>	
	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) <u>Baden Germany 10</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs George Child</u> (ADDRESS) <u>4931 Beacon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>12/18/32</u>		
19. UNDERTAKER <u>Bensick - Nicholas</u> (ADDRESS) <u>1135 North 6th St</u>		
20. FILED <u>DEC 19 1932</u> <u>W. J. ...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6/21 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 to Dec 6 1932
 I last saw her alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 1:42 PM.
 The principal cause of death and related causes of importance were as follows:
Chronic Arteriosclerosis
Heart disease Date of onset 1928
92A
 Other contributory causes of importance: J. J. W.

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 (Circled mark)

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify Roland R. Meunier, M. D.
 (Signed) Roland R. Meunier, M. D.
 (Address) 5330 Geraldine Co

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

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.

MARGIN RESERVED FOR BINDING

U.S. NO. 2.

