Dr. Schudde
118 N. Florissant

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

Do not use this space.

40549

DEC 21 1934

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No.
Township St. Ferdinand — Primary Registration District No. 4468 — Registered No. 223
City Pattonville (No. Old St Charles Rd west of Fee Fee St. ? Ward)

2. FULL NAME Marilyn Mathilda Bastean
(a) Residence, No. Old St Chas. Rd. west of Fee Fee St., Ward.
(Usual place of abode) (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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1934
7. AGE — YEARS — MONTHS 3 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Clayton, Mo.

FATHER
13. NAME Hilary Bastean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

MOTHER
15. MAIDEN NAME Leona Voges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

17. INFORMANT (ADDRESS) Hilary Bastean Robertson, Mo. R#1
18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem. DATE 11-15- 1934
19. UNDERTAKER (ADDRESS) Baumann Bros Inc. 2504 Woodson Rd Overland, Mo.
20. FILED Nov. 14 1934 M. G. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1934, to Nov. 13, 1934
I last saw her alive on Nov. 11, 1934. Death is said to have occurred on the date stated above, at 2:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Mitral Stenosis	
159C	

Other contributory causes of importance: None

157C

Name of operation none — Date of —
What test confirmed diagnosis? X Ray — 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) O. N. Schudde, M. D.
(Address) 118 N. Florissant - Ferguson, Mo.

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.