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.

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

Do not use this space.

JAN 23 1936

File No. 42095

Registered No. 253.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170

Township Central — Primary Registration District No. 2484.

City Richmond Hights, Mo. No. St. Marys Hospital, St. Ward)

2. FULL NAME Stephen E. Basich.

(a) Residence, No. 1568 Wellston Place. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1933.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
2	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri

FATHER

13. NAME Mike Basich

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

MOTHER

15. MAIDEN NAME Ruth Frease

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Ruth Basich
(ADDRESS) 1568 Wellston Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE Dec. 24/35.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 12/23 1935 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1935, to 12-22, 1935

I last saw him alive on 12-22, 1935. Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumo Meningitis	12-19-35

Other contributory causes of importance:

Acute Rhinitis	12-19-35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify

(Signed) [illegible], M. D.

(Address) 3738 Washington