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.

SEP 29 1936

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

Do not use this space.

32115

1. PLACE OF DEATH
County St Charles
Township Cuivre
City Wentzville (No. ..., ... St. ..... Ward)
Registration District No. 760
Primary Registration District No. 5799
File No. 3
Registered No. 40

2. FULL NAME Hiliary Bastean

(a) Residence, No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Passing through yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5-1910

7. AGE YEARS 25 MONTHS 10 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Joseph Bastean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville Mo

MOTHER
15. MAIDEN NAME Henke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville Mo.

17. INFORMANT (ADDRESS) Leona Bastean Robertson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 8-24 1936

19. UNDERTAKER (ADDRESS) T E Pitturano Wentzville, Mo.

20. FILED 8/21 1936 W C Calder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest, Aug 20 1936, 19...
~~I last saw him alive on ..., 19...~~ Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
As a result of accidental traumatism to the chest, head and a broken neck received in an auto-truck accident while driving on highway #40	Aug 19 1936

Other contributory causes of importance: none

2 10 M

Name of operation none Date of —
What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug 19, 1936
Where did injury occur? near Wentzville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury Auto-truck collision
Nature of injury Trauma to head & chest broken neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Will L Freeman MD, M. D.
(Address) St Charles Mo
Coroner of St Charles Co Mo