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

REC'D MAR 14 1938

Do not use this space. 6111

Registration District No. 85

Primary Registration District No. 1001

Registered No. 186

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph,
(d) Street No. St. Josephs Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 23 yrs. 4 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lodgie Basl 240
(a) Residence, No. 2310 South 10 Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Oct. 8. 1914

7. AGE: Years 23 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulders Helper
9. Industry or business in which work was done, as saw mill, bank, etc. Locomotive Fin Mat Co
10. Date deceased last worked at this occupation (month and year) Febr. 1. 1938
11. Total time (years) spent in this occupation 2 Yrs

12. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Martin Basl
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Szechoslovakia ?

MOTHER
15. MAIDEN NAME Mary Marshia
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Szechoslovakia

17. INFORMANT Martin Basl
(ADDRESS) 2310 So. 10th Str St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St. Joseph, Mo. DATE Febr 12 1938

19. FUNERAL DIRECTOR H. O. Sidenfaden & Son
(ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED 2/11 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1937 to 2/10 1938
I last saw him alive on 2/10 1938. Death is said to have occurred on the date stated above, at 1/15 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis — Date of onset 2/9/38
11 A -

Other contributory causes of importance:

Influenza — 5 days
Lobar Pneumonia — 2 days

Name of operation No. Date of
What test confirmed diagnosis? Clinical 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) O. S. Pearson, M. D.
(Address) 6 N. Frances St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

----- L. E. ------ ------

No. ----- or by ---- ------, Registered Apprentice No. ------

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)