REC'D FEB 10 1939

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

Do not use this space. 424

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 424
(c) City St. Louis (d) Street No. 3517 Lucas Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME James Bastas
(a) Residence, No. 3517 Lucas Ave. St. 21
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Keeper
9. Industry or business in which work was done, as 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) Greece

FATHER
13. NAME Dennis Bastas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER
15. MAIDEN NAME Tasis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Mrs. Adrianna Bastas 3517 Lucas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 1-14-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Brothers 1710 N. Grand Blvd.

20. FILED JAN 13 1939 J. F. Bedick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938, to Jany 12, 1939
I last saw him alive on 1/12, 1939. Death is said to have occurred on the date stated above, at 7.30 P.M.
The principal cause of death and related causes of importance were as follows:

Hepatic Cancer

Date of onset

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Other contributory causes of importance:
Acute Anemia
chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Wm Kautzmann, M. D.
(Address) 1405 S Brandy

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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

If this body is not embalmed, above space should be left blank.