B 21 1939

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No. 7865
Township Jefferson — Primary Registration District No. 117 — Registered No. 314
City Webster Groves (No. 417 Newport Avenue St. Ward)

2. FULL NAME Zoe Bassett
(a) Residence, No. 417 Newport Ave. St., Ward. (Usual place of abode) ---------- (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 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) April 11, 1868

7. AGE: 70 YEARS; MONTHS: 10; DAYS: 10; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private homes
10. Date deceased last worked at this occupation (month and year) August 1938
11. Total time (years) spent in this occupation 50

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

FATHER
13. NAME Alexander Bassett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---------- Missouri

MOTHER
15. MAIDEN NAME -------- Edgar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---------- Missouri

17. INFORMANT Miss Bertha Bassett (ADDRESS) Webster Groves, Missouri

18. BURIAL, ~~REMOVAL OR REMOVAL~~ St. Louis, Mo. PLACE Bellefontaine DATE Feb. 22, 1939

19. UNDERTAKER H. C. McLaughlin (ADDRESS) 831 E. Big Bend Blvd. Webster Groves, Mo.

20. FILED FEB 21 1939 P. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/1/38, 19..., to 2/21/39, 19...
I last saw her alive on 2/21/39, 19... Death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

93 D1

Other contributory causes of importance: Myocardial Disease

Name of operation none 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? none 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) Frank P. Garent, M. D.
(Address) 13A N. Gore Webster Groves 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.