REC'D APR 12 1939

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

791
1003

Do not use this space. 8738

Registered No. 2503

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. De Paul 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 230 Margaret Ruth Bassett

(a) Residence, No. 6801 University Dr., St. N.R. University City

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
46	11	5	

OCCUPATION

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

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) St. Louis, (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME George W. Dekker 0

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri 1

MOTHER

15. MAIDEN NAME Lizzie W. Woods

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

17. INFORMANT E. B. Bassett (ADDRESS) 4612 McPherson Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters cem. DATE ....19....

19. FUNERAL DIRECTOR (NAME) Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED MAR 16 1939 J. F. Budach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

Not attended by physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/39 ,19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 A.M. m.

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

	Date of onset
Shock and Internal Injuries	
Fracture Right Femur	
Compound Fracture Skull	
Injuries received at De Paul Hospital March 15 4:30 AM	

Other contributory causes of importance:

169

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... 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 3/15, 19 39

Where did injury occur? St. Louis 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 See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Alfred [illegible], M. D.

(Address) Hospital Coroner

(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.

I X14028

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, J Wm Binkley, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed J Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo.

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

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