

No. 2
11-10-39
I-17-39
I-21-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3848

JAN 25 1941

Registration District No. 678

Primary Registration District No. 5904

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St. James, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. James Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Jean Theresa Bast

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3rd, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 28 hr. min.

9. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name G. Lester Bast

13. Birthplace Fenton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Berlice Dahn

15. Birthplace Fenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G. Lester Bast
(b) Address Cuba, Route 3, Missouri

17. (a) Burial (b) Date thereof Jan. 2nd, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cuba, Catholic Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Cuba, Missouri

19. (a) 1-1-41 (b) Elmer P. Heath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Meramec Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st,
year 1941 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 1st,
1940, to Jan 1st, 1941;
that I last saw her alive on Jan 1st, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia

Due to Influenza

Due to _____
Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address James Hospital Date signed no

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Date Filed _____
District File Number 14141
District Health Officer No. 5,

RECEIVED

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.....

Licensed Embalmer No.....

P. O. Address.....

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.