

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8255

FILED APR 8 1942

State File No. 2144

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4414 Delor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4414 Delor
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sallie Bast

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

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

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

7. Birth date of deceased July 3 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 2
If less than one day hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Jaeckle

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

14. Maiden name Bitterle

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

16. (a) Informant's own signature Jacob Conrad

(b) Address 4414 Delor

17. (a) Burial (b) Date thereof 3/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Helmut A. ...

(b) Address 3013 Meramec

19. (a) ... (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
 year 1942 hour 4.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 26th., 1942, to March 5th., 1942
 that I last saw her alive on March 5th., 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis, following thrombus of posterior tibial vein
 Due to _____

Duration

8 days

Due to Arteriosclerosis Indefinite

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

Major findings: Of operations _____

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(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 ... (M. D. ...)

Address 2278 S. Jefferson Date signed 3-7-42

As per [unclear]

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.....

George N. Archambault

....., Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed *George N. Archambault*.....

Licensed Embalmer No. **2906**

P. O. Address: **3013 Meramec**

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.