

FILED MAY 7 1942

100

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: City Infirmary 25800 Arsenal St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 4 mo.

In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise Bastel

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 14 1857 years

7. Birth date of deceased Apr. 14 1857 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
?	85	?--	6	hr. min.

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

10. Usual occupation housework

11. Industry or business

MOTHER FATHER

12. Name ? Prokop Bastel

13. Birthplace ? Bohemia -- (City, town, or county) (State or foreign country)

14. Maiden name ? Unknown

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

16. (a) Informant M. Geasland

(b) Address City Infirmary

17. (a) Burial (b) Date thereof 4/23/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. Peter & Paul

18. (a) Signature of funeral director John S. Ziegenhain

(b) Address 7027 Gravois Ave.

19. (a) APR 22 1942 (b) J. J. Prodek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. (If rural, give location)

(e) Citizen of foreign country? American (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 20, day year 1942 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1938, 19, to Apr., 1942, 19, that I last saw her alive on Apr. 20th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death unknown

Due to Senile dementia, ~~subacute~~ cervical adenitis

Due to

Other conditions (Include pregnancy within 3 months of death) 101

Major findings: Of operations

Of autopsy none

Duration

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 Loren Blaney (M. D. or other) N.D.

Address 5800 Arsenal Date signed 4/21/42

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

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.....

C. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Graves

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, fact should be so stated above.