V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15493

FILED MAY 6 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1029

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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 St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 652 Elmwood Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Needham, Basil J.
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 3 (Day) 1884 (Year)

8. AGE: Years 58 Months 6 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation (Invalid)
11. Industry or business .....
FATHER
12. Name Martin Needham
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Mary Lahiff
15. Birthplace Rock Island (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant John J. Needham (brother)
(b) Address 652 Elmwood Ave., W. G.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.
19. (a) APR 30 1943 (Date received local registrar) (b) E. S. McKinnon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1943 hour 3 minute 00 p. M.
21. I hereby certify that I attended the deceased from 4-1-43
....., 19..., to 4-27-, 1943
that I last saw him alive on 4-27, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ..... Of autopsy	

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 4-29-43

(Licensed Embalmer's Statement on Reverse Side)

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.....2971.....

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, fact should be so stated above.