

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29104**
Registrar's No. **7937**

FILED SEP 20 1944
Registration District No. **518**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether
In this community **0** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **California** (b) County **Los Angeles**
(c) City or town **Glendora**
(If outside city or town limits, write "RURAL")
(d) Street No. **250 Liveoak**
(If rural, give location)
(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country **—**

3. (a) PRINT FULL NAME **Lee T. Bashore**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **—**

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

6. (b) Name of husband or wife **Myrtle Bashore** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **June 7 1898**
(Month) (Day) (Year)

8. AGE: Years **46** Months **3** Days **7** If less than one day hr. min.

9. Birthplace **Covina California**
(City, town, or county) (State or foreign country)

10. Usual occupation **Safety Supervisor**

11. Industry or business **Pacific Electric Co.**

12. Name **Harry Bashore**

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

14. Maiden name **Kathryn Overholzer**

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

16. (a) Informant **Myrtle Bashore**

(b) Address **250 Liveoak, Glendora, Calif.**

17. (a) **Removal** (b) Date thereof **Permanently**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Permanently, Calif.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **SEP 15 1944** (b) **J. H. Bredsch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**
year **1944** hour **1:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **September 13**
13 19 **44** to **September 14, 19 44**
that I last saw him alive on **September 14** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **—**

Due to **—**

Due to **—**

Other conditions **—**
(Includes pregnancy within 3 months of death)

Major findings: **—**
Of operations **—**

Of autopsy **Coronary Occlusion and Separation** 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) **—** (e) Means of injury **—**

23. Signature **Langford Williams** (M. D. or other) **—**

Address **812 Olive Street, St. Louis** Date signed **9/14/44**

APR 20 1945

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

John Agonocha

Licensed Embalmer No. *3398*

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.