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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1946

State File No. 25022

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6545

**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: 3334 Missouri Av. rear
(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 17 (ovv)

(c) City or town St. Louis 249
(If outside city or town limits, write "RURAL")

(d) Street No. 3334 Missouri Av. rear
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles A. Bastan

3. (b) If veteran, name war Reg Army

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Katherine Bastan

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

7. Birth date of deceased May 26 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 27 ~~3~~ If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Unkn. Bastan
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdalena Unkn.
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Vendt

(b) Address 5029 Alexander Av.

17. (a) Burial (b) Date thereof 7-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director Witt Bros L & N Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JUL 26 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 23
year 1946 hour 6 minute 05 p. M.

21. I hereby certify that I attended the deceased from May 20, 1946 to July 23, 1946
that I last saw him alive on July 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Oesophagus — Duration 3-4 mo

Due to Unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Julius Chas. Kotter (M.D. or other) M.D.

Address 2603 Cherokee St Date signed 7-24-46

(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

Davis, Registered Apprentice No.

working under my personal supervision.

Signed Edgar F Witt

Licensed Embalmer No. 2107

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.**