

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3484

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 01178

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS - 8 DAY'S</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES 9 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.T. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>220 KERRUISH PL. 1</u>	

3. NAME OF DECEASED (Type or Print) <u>ERNEST BASHEFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-23-1949</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug 28, 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE-MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>PARIS KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALLAN BASHEFORD</u>	13b. MOTHER'S MAIDEN NAME <u>JESSIE PHILLES BASHEFORD</u>	14. NAME OF HUSBAND OR WIFE <u>JESSIE PHILLES BASHEFORD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-03-0824</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ERNEST W. BASHEFORD</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1-14-49</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease.</u>	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Pneumonia labor.</u> DUE TO (c) <u>Generalized Arteriosclerosis Adhesive pericardites; narrowed Coronary Vessels; intestinal Adhesions with partial obstruction.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15th, 1949, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 9:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>James B. Wood MD - D</u>	(Degree or title)	23b. ADDRESS <u>634 North Grand</u>	23c. DATE SIGNED <u>1/24/49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT LEBANON CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-24-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. Lumsden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert S. Sanderling Co.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
98
3

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. L. Aldrich

Signed _____
Student Embalmer

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.