

## STANDARD CERTIFICATE OF DEATH

State File No. ....

10538

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4004 LAFAYETTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>PARK LANE Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>4004 LAFAYETTE</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)		b. (Middle)		c. (Last) <u>BASTIAN</u>	
4. DATE OF DEATH <u>12-9-50</u>		5. SEX <u>FEM!</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>AUG-13-1875</u>		9. AGE (In years - last birthday) <u>75 YR</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ronald Schaeffer</u>		13b. MOTHER'S MAIDEN NAME <u>Philopheni Geise</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Bastian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Mathews</u> ADDRESS <u>4004 Lafayette</u>			
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Fibillation with cardiac decompensation</u>				ANTECEDENT CAUSES DUE TO (b) <u>arterio sclerotic cardiac vascular disease</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>HIT BY</u>			
22. I hereby certify that I attended the deceased from <u>12-6-50</u> , 19 <u>50</u> , to <u>12-9-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-9-50</u> , 19 <u>50</u> , and that death occurred at <u>4:10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James R Meador M.D.</u>				23b. ADDRESS <u>45 Central Clayton, Mo</u>		23c. DATE SIGNED <u>12-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 11 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schorut</u> ADDRESS <u>3125 Lafayette</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*ml*

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joseph Bollmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *21814*

P. O. Address *3125 Lafayette*

**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.