

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18497**

FILED MAY 23 1953

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **33**

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural (Meramec)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Meramec) 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirkwood R.R. #12		d. STREET ADDRESS (If rural, give location) R.R. #12 Kirkwood Mo. 0	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Bast	4. DATE OF DEATH (Month) (Day) (Year) May 7 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 24 1874	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 24 HRS. Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY America
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13a. FATHER'S NAME Steven Bast	13b. MOTHER'S MAIDEN NAME Margaret Pritchard	14. NAME OF HUSBAND OR WIFE Aime Bast
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Bast Rt #12 Kirkwood Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Adrenal Insufficiency		8 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Conjunctive Myocardial Failure			2 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 274x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12/15**, 19**52**, to **5/7**, 19**53**, that I last saw the deceased alive on **5/5**, 19**53**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Huck MD	23b. ADDRESS Fenton, Mo	23c. DATE SIGNED 5/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-9-53	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Fenton Mo.
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DATE REC'D BY LOCAL REG. May 9 - 1953	REGISTRAR'S SIGNATURE Ruth Jansa 438	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger Fenton Mo.
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 19 1953

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.

Student
Student Embalmer

Signed

William H. Fitzgerald

Licensed Embalmer No. *4396*

P. O. Address *Kirkwood Mo*

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.