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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39677

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2428

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fenton, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kirkwood Mo</u>	
c. LENGTH OF STAY (In this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>Kirkwood 22, Mo. Rt. 2, Box 220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Fenton Home for the Aged</u>			

3. NAME OF DECEASED (Type or Print) <u>Hurbert</u> a. (First) <u>(HUBERT)</u> b. (Middle) <u>T</u> c. (Last) <u>Bast</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 15, 1872</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>7</u>	11. DAYS <u>1</u>	12. IF UNDER 14 HRS Hours <u>0</u>	13. IF UNDER 14 MIN. Min. <u>0</u>
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FENTON - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME <u>MICHAEL BAST</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE K BAST</u>	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie K. Bast</u> ADDRESS <u>Kirkwood</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		DUPLICATE OF (b) <u>A.S.C.V. Disease</u>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (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)		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 Aug, 1950, to Oct 16, 1954, that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Beck M.D.</u>		23b. ADDRESS <u>Fenton, Mo.</u>		23c. DATE SIGNED <u>10/18/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S CATHOLIC CHURCH</u>		24d. LOCATION (City, town, or county) (State) <u>FENTON Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-19-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo S. Fisher</u>		ADDRESS <u>Hohmann St Fenton Mo</u>	

520 (Licensed Embalmer's Signature on Reverse Side)

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

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

GERALD J. MAHN

Student Embalmer No. 505

working under my personal supervision.

Student Gerald J. Mahn
Student Embalmer

Signed

Daniel J. Mahn

Licensed Embalmer No. #326

P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.