

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37986

State File No.

318

1003

10261

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST LOUIS,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 5212 EMILY AVE 20990				
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) H.		c. (Last) BASTAM		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 23, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9/15/1875		9. AGE (In years, last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOE WORKER			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ALTON ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CARL BASTAM			13b. MOTHER'S MAIDEN NAME EMILY UNKNOWN		14. NAME OF HUSBAND OR WIFE MARGARET BASTAM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. #	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET BASTAM 5212 EMILY AVE				
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, asthenia, 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 Lung Disease -				DUE TO (b) Primary Site: Cancer of left lower lobe of lung.				
ANTECEDENT CAUSES 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 162x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) _____		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 11-18 , 19 55 , to 11-23- , 19 55 , that I last saw the deceased alive on 11-23- , 19 55 , and that death occurred at 8:40a m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Howard Miller M.D.				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 11-23-55.		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/26/55	24c. NAME OF CEMETERY OR CREMATORY ST PETERS CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MISSOURI			
DATE REC'D BY LOCAL REG. NOV 25 1955		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDG				

(Licensed Embalmer's Statement 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M W Ruster*.....

Licensed Embalmer No... 486

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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