FEB 28 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2432

1. PLACE OF DEATH
County St Louis
Township Central
City
Registration District No.
Primary Registration District No.
(No. Rout 5 Box 438 Denney Rd. St. Ward)
File No.
Registered No. 4

2. FULL NAME Albert Bast
(a) Residence. No. Rout 5 Box 438 Denney Rd. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Bast

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20th 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Poultry Farmer 34 92B
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

PARENTS
10. NAME OF FATHER Carl Bast
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Sallie Bast
(Address) Rout 5 Box 438 Denney Rd.

15. FILED 1-8 1927 J. B. Fuddutte REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to Jan. 6, 1927 that I last saw him alive on Jan 6, 1927 and that death occurred, on the date stated above, at 12 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Syphilitica (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 38 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Germany
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Wassermann
(Signed) M. Leon, M. D
1/7/, 1927 (Address) Clayton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthews
DATE OF BURIAL Jan. 9 1927

20. UNDERTAKER W. Schumacher
ADDRESS 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.