

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

504-7-20-57
1 X12004

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.

JAN 11 1939

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

791
1008

41301
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City Saint Louis, Mo. (d) Street No. Saint Louis Maternity Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10993

2. PRINT FULL NAME Infant Boy Bassman

(a) Residence, No. 128 St. Hermann, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 21, 1938</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>—</u>	If LESS than 1 day, <u>7</u> hrs. or <u>5</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1938, to 12-22, 1938
 I last saw him alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 4:45 Am.
 The principal cause of death and related causes of importance were as follows:

Premature - 28 wks gestation

Other contributory causes of importance:
15A

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Mo.
 (STATE OR COUNTRY)

FATHER
 13. NAME Casper Milton Bassman
 14. BIRTHPLACE (CITY OR TOWN) Tuscumbia, Mo.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Mary Elizabeth Williams
 16. BIRTHPLACE (CITY OR TOWN) Sullivan, Mo.
 (STATE OR COUNTRY)

17. INFORMANT St. Louis Maternity Hospital
 (ADDRESS) 630 South Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sullivan Mo DATE 12-22-38

19. FUNERAL DIRECTOR J. J. Williams
 (ADDRESS) Sullivan Mo

20. FILED DEC 22 1938
J. P. Beck
 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Edward A. Silber, M. D.
 (Address) 630 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

not
Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

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.)