

MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100313585
Do not use this space.

3927

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 or
 (c) City St. Louis. (d) Street No. 4240a McPherson Ave. 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.

2. PRINT FULL NAME ²⁵⁰ Charles H. Basham.

(a) Residence, No. 4240a McPherson Ave. St. 19 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Opal Basham.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1892.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobile.
 9. Industry or business in which work was done, as saw mill, bank, etc. Mechanic
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) New Madrid, Mo.

FATHER 13. NAME Hardin Basham.

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Dont Know.

MOTHER 15. MAIDEN NAME Aletha Nelson.

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) New Madrid, Mo.

17. INFORMANT Mrs. Opal Basham.
 (ADDRESS) 4240a McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Madrid, Mo. DATE 4-28-39. 19

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
 (ADDRESS) 3840 Lindell Blvd.

20. FILED APR 27 1939
J. P. Bredel
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939.
 22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1939, to 4/27, 1939
 I last saw him alive on 4/27, 1939. Death is said to have occurred on the date stated above, at 6:00 A. M.
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis,
cause unknown. Date of onset 4/17/39

Other contributory causes of importance:

Name of operation none Date of.....
 What test confirmed diagnosis? none Was there an autopsy? No.

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? No.
 If so, specify.....
 (Signed) J. P. Berman, M. D.

(Address) 1225 no. grand

1225 N. Grand
1-3 R

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Alfred J. Boedel
Licensed Embalmer No. 2663
P. O. Address 4207 Prain

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, above space should be left blank.