

FILED DEC 29 1942

818

Primary Registration District No. 1003

Registrar's No. 10620

Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 1/2 hours
(Specify whether years, months or days)
 In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4110 Page
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME King Basking

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced 1 M
 6. (b) Name of husband or wife Eliza Basking 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased Apr. 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>73</u>		<u>8</u>	<u>10</u>	hr. min.

9. Birthplace Chontaw Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name George Basking
 13. Birthplace N.C. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Elzhan Candies
 15. Birthplace Alabama 1
(City, town, or county) (State or foreign country)

16. (a) Informant Eliza Basking
 (b) Address 4110 Page
 17. (a) burial (b) Date thereof 12/21/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Wash Co
 (b) Address 2431 Poplar Ave

19. DEC 21 1942 (b) J. F. Baskin
(Date received by registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 17,
 year 1942 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 16, 1942, to December 17, 1942;
 that I last saw him in alive on December 17, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Lobar Pneumonia (Autopsy) 4 days
Chr. Nephritis (Autopsy) Unk.
Uremia (Autopsy) Terminal

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....
 23. Signature J. E. Smith (M. D. or other).....
 Address 2411 1/2 Poplar Date signed 12/19/42

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

MOTHER FATHER

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 *Burlison English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas, An*.....

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, fact should be so stated above.