S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22769

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6966

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
149a St. George Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 149a St. George Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LAURA BAST

3. (b) If veteran, name war

3. (c) Social Security No. 494-09-8247

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Bast

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 28, (Day) 1900 (Year)

8. AGE: Years 43 Months 0 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Joseph Kauffmann
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Larkin
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Frank Bast
(b) Address 149a St. George Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 So. Grand Blvd.

19. (a) AUG 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from 4-4-43 to 7-20/43, 19 ; that I last saw her alive on 7-30/43, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid, Liver and pelvic adnexae

Due to Primary in Sigmoid

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Colostomy 6/29/43

Of autopsy No.

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jno L Ferris (M. D. or other)
Address 4065-50 Grand Date signed 7/31/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ferris 4045 So Grand

MAR 12 1956

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. V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.