S. No. 2
M—5-43
y. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1945

318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31

State File No.

Registration District No. Primary Registration District No. 10C Registrar's No. 743

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:
Res: 5968 Clemens Ave.,
(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

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

(d) Street No. 5968 Clemens Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME LUCILLE S. BASSETT.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Dr Charles W. Bassett.

6. (c) Age of husband or wife if alive 65. years

7. Birth date of deceased September (Month) 8, (Day) 1878 (Year)

8. AGE: Years 66. Months 4. Days 15. If less than one day hr. min.

9. Birthplace St. John's, (City, town, or county) Michigan. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Thomas Butler.
13. Birthplace (City, town, or county) Conn., (State or foreign country)

MOTHER
14. Maiden name Eleanor Wilcox.
15. Birthplace (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Dr C. W. Bassett.
(b) Address 5968 Clemens Ave.,

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 1/25/45. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns, Michigan.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Boulevard.

19. (a) JAN 24 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 23rd, year 1945. hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1944, to Jan. 23, 1945; that I last saw her alive on Jan 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, Left side of Brain — Duration 8 wks.

Due to General arterio Sclerosis

Due to Hypertension

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

23. Signature Hiram L. Leggett (M. D. or other) M.D
Address 3720 Washington Blvd Date signed 1/24/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Hiram Liggett
3720 Washington.
JE: 1551.

NOV 28 1945

53-1551

DEC 1 1945

SEP 1 1949

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.