

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

349193

State File No.

FILED NOV 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9238

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred P. Bascom

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Nov. 13th. 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 14 If less than one day .hr. .min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Letter Carrier

11. Industry or business

12. Name Bascom

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J. Bascom

(b) Address 4834 LeDuc

17. (a) Burial (b) Date thereof 10/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 North Euclid Ave.

19. (a) OCT 29 1946 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (c) County 000
(b) City or town St. Louis (If outside city or town limits, write "RURAL") 6 17
(d) Street No. 4834 LeDuc (If rural, give location) 9 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th. year 1946 hour 11 minute 05 a.m.

21. I hereby certify that I attended the deceased from 10th 1946 to Oct 27th 1946 that I last saw him alive on Oct 26th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rectum

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) H/O

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) (e) Means of injury.....

23. Signature Cliff B Kane (M. D. or other) MD

Address 1706 Walton Date signed 10-28-46

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

37724

Dr. E.C. Kane

Walton & Delmar

R.O. I686

2⁰⁰ PM

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

Robert L. Brinkman

Licensed Embalmer No.

3559

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.