S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947 818

Registration District No.

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39417

Registrar's No. 11114

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town WEBSTER GROVES St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 WEEKS (Specify whether
In this community 24 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 125 E. CEDAR
(If rural, give location) 1
(e) Citizen of foreign country? No — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM DWIGHT BASSETT
3. (b) If veteran, name war NO
3. (c) Social Security No. 702-03-4734
4. Sex M. O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIE HUSE BASSETT
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased JUNE 29 (Month) (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 3 If less than one day — hr. — min.

9. Birthplace NEW YORK (City, town, or county) N.Y. (State or foreign country)
10. Usual occupation SECRETARY
11. Industry or business FRISCO R.R.
FATHER
12. Name MARCELON BASSETT
13. Birthplace UNKNOWN (City, town, or county) N.Y. (State or foreign country)
MOTHER
14. Maiden name DEBORAH SEARING
15. Birthplace UNKNOWN (City, town, or county) CONN. (State or foreign country)
16. (a) Informant Mrs. W. D. Bassett
(b) Address 125 E. Cedar Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Warsaw Mo. Riverview Cemetery
18. (a) Signature of funeral director Parker Undertaking Co.
(b) Address Webster Groves Mo.
19. (a) DEC 4 - 1947 (Date received local registrar) J. F. Pereback (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1947 hour 6 minute 00 A M.
21. I hereby certify that I attended the deceased from 9-23-47, 19..., to 12-2, 1947 that I last saw him alive on 12-1-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDIAL FAILURE. HAS HAD HYPERTENSIVE HEART DISEASE FOR SEVERAL YRS
Due to GENERALIZED ARTERIO-SCLEROSIS WITH KIDNEYS
Due to ALSO INVOLVED -Kidney condition secondary.
Other conditions FRACTURE OF RT. HIP
(Include pregnancy within 3 months of death)
9-23-47. PT. WAS BEGINNING TO
Major findings: Of operation WEIGHT AND FRACTURE WAS HEALED AT TIME OF DEATH
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature C. H. Crego Jr (M. D. or other)
Address 539 N. Grand Date signed 12-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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. Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

**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.**