

FILED JAN 18 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43689**  
Registrar's No. **10220**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY</b> <b>43 76</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#2 BEVERLY PLACE</b>		d. STREET ADDRESS (If rural, give location) <b>664 No. HANLEY</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b>		b. (Middle) <b>BOYD</b>	
c. (Last) <b>BASSETT.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 29 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 29, 1878</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	
11. BIRTHPLACE (State or foreign country) <b>Mt. Pillier, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Robert Frederick Boyd</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Hadley</b>	
14. NAME OF HUSBAND OR WIFE <b>Samuel T. Bassett.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr. R. B. Bassett; #2 Beverly Place</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma, Rectal.</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes.</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Few months</b>	
19a. DATE OF OPERATION <b>Nov 10</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Rectum.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>154X</b>		22. I hereby certify that I attended the deceased from <b>Nov 3, 1950</b> , to <b>Nov 29, 1950</b> , that I last saw the deceased alive on <b>Nov 25, 1950</b> , and that death occurred at <b>6:30P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Paul Sauer, M.D.</b>		23b. ADDRESS <b>634 N. Grand Ave</b>	
23c. DATE SIGNED <b>11-4-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec. 2, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons; 7233 Delmar Blvd;</b>	
DATE REC'D BY LOCAL REG. <b>30 1950</b>		REGISTRAR'S SIGNATURE <b>J. A. Sarata</b>	

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

JUN 30 1951

APR 11 1951

NOV 22 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Melvin F. Kemper*

Signed.....  
Student Embalmer

Licensed Embalmer No. *405-2*

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.