

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17541**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4163**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospt No 1</b>		e. STREET ADDRESS (If rural, give location) <b>1830a S. Broadway 2237</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Albert</b>	b. (Middle)	c. (Last) <b>Bastian</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 27 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 25 1865</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>Jacob Bastian</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Waldeck</b>	14. NAME OF HUSBAND OR WIFE <b>Dont Know Dec</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Dont Know</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Otto Bastian</b>	ADDRESS <b>1830 S. Broadway</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of Left Hip;</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>suffered when deceased fell to floor at his place of business</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death. DUE TO (c) <b>at 1828 South Broadway, on January 31st 1956. Exact time unknown</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>subacute</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE OR HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <b>Store</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis Mo</b> (COUNTY) <b>45</b> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 31 56 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Lester</b> (Degree or title)	23b. ADDRESS <b>1308 Clark</b>	23c. DATE SIGNED <b>4/27/56</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>April 30 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 27 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bros</b>	ADDRESS <b>2201 S. Grand Blvd.</b>
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**HR** (Licensed Embalmer's Statement on Reverse Side)

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

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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed

*Lee C. Dransfield*

Licensed Embalmer No. *47*

P. O. Address *S. Louisville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.