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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS, MO                     |  | Length of stay in 1b   | c. CITY OR TOWN St. Louis  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    | d. STREET ADDRESS (If outside, give location)<br>1800 Hickory St.                  |
|  |  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                           |   |  |                                       |
|--|---------------------------|---|--|---------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>ELMORE FAYETTE BASCOM                              |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>JUNE 27, 1961      |                                       |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>12/4/1889                            | 9. AGE (last birthday)<br>71          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Finisher        |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Furniture Co.  | 11. BIRTHPLACE (City and state or country)<br>Iowa       | 12. CITIZEN OF WHAT COUNTRY<br>U.S.   |
| 13a. FATHER'S NAME<br>Fayette Bascom   |                           | 13b. MOTHER'S MAIDEN NAME<br>Edla (Unknown)   |  | 14. NAME OF HUSBAND OR WIFE<br>Gladys |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No |                           | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br>Gladys Bascom, 1800 Hickory St. |                                       |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                                  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) Hemorrhage  |  |   |
| DUE TO (b) Carcinoma of Lung  |  |   |
| DUE TO (c) Aortic Aneurysm (Atherosclerotic)  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>163x |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>         | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |
| 21. I attended the deceased from 6/1/61 to 6/27/61 and last saw her/him alive on 6/27/61                  |   |  |
| Death occurred at 8A m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |

|  |                      |  |   |
|--|----------------------|--|---|
| 22a. SIGNATURE (D, M, or title)<br>John M. Garough M.D.                      |                      | 22b. ADDRESS<br>1515 LAFAYETTE AVE                   | 22c. DATE SIGNED<br>6/27/61.                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal                         | 23b. DATE<br>6-28-61 | 23c. NAME OF CEMETERY OR CREMATORY<br>Preston, Iowa. | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR ADDRESS<br>Albert H. Hoppe, Inc., 4700 Washington Blvd. |                      | 25. DATE RECD. BY LOCAL REG.<br>JUN 28 1961          | 26. REGISTRAR'S SIGNATURE<br>Earl Smith, M.D. |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 \_\_\_\_\_

*Harvey Kahle*

Licensed Embalmer No. 4596

P. O. Address St Louis

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.