

PLACE OF DEATH

Camden  
Wardship P. W. Sauer

State NEW JERSEY Registered No.

No. 6142 Wayne Ave St. Ward  
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

FULL NAME Charles Bastion

Residence No. 6142 Wayne Ave St. Ward  
(If non-resident give city, town and State.)  
(If death occurred in city or town where death occurred give the NAME of the place.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 5 COLOR OR RACE White 6 Single, Married, Widowed or Divorced (write the word) Single

7 If married, widowed or divorced HUSBAND OF (write name) WIFE OF (write full maiden name)

8 DATE OF BIRTH (month, day and year) Dont know

9 AGE: Years 72 Months - Days - If Less Than One Day 11 Hrs. Min.

10 Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. G. I. Sta. A.

11 Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation 29

12 BIRTHPLACE (city or town) (State or Country) Phila. Pa.

13 NAME Jerome Bastion

14 BIRTHPLACE (city or town) (State or Country) U.S.

15 MAIDEN NAME Anna Smith

16 BIRTHPLACE (city or town) (State or Country) Phila. Pa.

17 SIGNATURE OF INFORMANT Mrs. Joseph J. Maller (Address) 6142 Wayne Ave, Camden, N.J.

18 PLACE OF BURIAL Gladon St. C. Day 1/21/32

19 UNDERTAKER (Address) 958 Ave. J. Camden, N.J.

20 RECEIVED 1/19/32 Local Registrar

17 DATE OF DEATH Jan. 18, 1932

18 I HEREBY CERTIFY That I attended deceased from Jan. 9, 1932 to Jan. 18, 1932. I last saw him alive on Jan. 17, 1932. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of its order of onset were as follows: Date of onset 1/19/32

Cardiac Decompensation  
Chronic Myocarditis - 90 1930

Contributory causes of importance not related to principal cause.

Name of operation Date of

What test confirmed diagnosis? No

Was there an autopsy? No

If death was due to external causes (violence) fill in also the following: Date of injury 1/19/32

Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Place of injury

Was disease or injury in any way related to occupation of deceased? No

(Signed) W. B. Baiderman M.D.  
Mercherville, N.J.