WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24268

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 785 — File No.

Township Central Bonhomme — Primary Registration District No. 6031 — Registered No. 174

City Kirkwood (No. Manchester Nurses Home St. Ward)

2. FULL NAME Henry Basse

(a) Residence, No. 7614 Marion Court St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christine Basse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12-1851

7. AGE: YEARS 81 — MONTHS 7 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME August Basse.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mrs. Fred Mort. 7614 Marion Court.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cem. DATE July 24 1933

19. UNDERTAKER (ADDRESS) Jay B. Smith Und Co. 7456 Manchester Ave

20. FILED 7/22 1933 C. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to July 21, 1933

I last saw him alive on July 21, 1933. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset 1933

8LA apoplexy
97
98B

Other contributory causes of importance:
(1) Arteriosclerosis
(2) Gangrene of right foot and leg.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. R. Loving, M. D.
(Address) Ballwin, Mo