

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

12986
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH
(a) County: _____
(b) Township: _____
(c) City: St. Louis
(d) Street No.: _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. _____
Primary Registration District No. _____
Isolation Hospital

Registered No. 3590

2. PRINT FULL NAME: GEORGE BASSE 200
(a) Residence, No. CITY SANITARIUM St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-7-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Invalid
9. Industry or business in which work was done, as saw mill, bank, etc.: all his life
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 MISSOURI

13. NAME: Phillip BASSE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PENNSYLVANIA

15. MAIDEN NAME: Elizabeth Uhl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Piessouffe Germany

17. INFORMANT (ADDRESS): A. LANE 5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Matthews DATE: 4-18 1938

19. FUNERAL DIRECTOR (ADDRESS): Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED: APR 1 1938 J. F. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL-16 1938

22. I HEREBY CERTIFY, That I attended deceased from APRIL-10, 1938, to APRIL-16, 1938.
I last saw him alive on APRIL-16, 1938. Death is said to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Acute Dementia
Myocardial Extension

Other contributory causes of importance: _____

Name of operation: _____ Date of: _____
What test confirmed diagnosis? Clement Was there an autopsy? no

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?
If so, specify: _____ (Signed) Harvey J. Florid M. D.
(Address) 5670 Arsenal

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.

FORM-7-20-37
V. S. No. 2.
MAY 1 1938
RESERVED FOR BINDING

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Edwin W. McQuinn* _____

Licensed Embalmer No. *3024* _____

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.)