

REGISTRATION DISTRICT NO. **791**

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether
In this community 18 yrs
years, months or days)

3. (a) PRINT FULL NAME Julius BASSLER, III
3. (b) If veteran name war No
3. (c) Social Security No. 492-10-821

4. Sex 7 5. Color or race Wh
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Mildred
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Oct 2 1900
(Month) (Day) (Year)

8. AGE: Years 38 Months 17 Days -
If less than one day hr. _____ min. _____

9. Birthplace Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Grocery

MOTHER FATHER
12. Name Victor
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Hans
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Bassler
(b) Address 3959 Delmar

17. (a) Burial (b) Date thereof 9 6 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olverman
18. (a) Signature of funeral director William J. ...
(b) Address 4257 ...

19. (a) SEP 5 1939 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1
(c) City or town St. Louis Missouri 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3959 Delmar
(If rural, give location)
(e) Foreign born (How long in U. S. A.) _____ years
Matthew ... MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 39 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Letanus
Cause unknown as same
could not be determined

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2 2

Major findings: Of operations 2 2
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence unk
(c) Where did injury occur? unk
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
unk

While at work? unk (Specify type of place) (Means of injury) unk

23. Signature W. P. ... (M. D. or other)
Address Delmar Date signed 9-4-39

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

COPYING BLACK INK—MAKE A PERMANENT RECORD

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Howard J. Rowland

Licensed Embalmer No.....

3114

P. O. Address.....

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 this body is not embalmed, above space should be left blank.