S. No. 2
—1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32976

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7928

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Clinton

(c) City or town Trenton N.R. 11 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Melburn Bassler

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 29 (Day) 1924 (Year)

8. AGE: Years 17 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Oscar Bassler
13. Birthplace Trenton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Esther Schoene
15. Birthplace Trenton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Oscar Bassler

(b) Address Trenton, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 3 1941 (Date received local registrar) (b) J. V. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1941 hour 10 05 minute P M.

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

Immediate cause of death: Subarachnoid Hemorrhage of the Brain Sustained in a Automobile Accident between Trenton and Breeze Ill Sept 25 - 1941

Due to: Duration

Due to: Time Cause and Manner Could not be Determined

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170 C 210 22

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence 9/25/41 1:21

(c) Where did injury occur? Between Trenton and Breeze Ill (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Allan (M. D. or other)

Address Deputy Coroner Date signed 10/2/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1948

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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.