

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED OCT 3 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2021

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Joseph Basler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Basler 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 16 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Bloomsdale - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph Basler

13. Birthplace Bloomsdale Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anna Schweiss

15. Birthplace Zell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Basler

(b) Address Bloomsdale, Mo.

17. (a) Burial (b) Date thereof 10-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomsdale, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) OCT 5 1944 (b) E. S. McLawren M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town Bloomsdale 95
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1944 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 10-1-44 to 1944 Oct. 3 - 1944

that I last saw him alive on 10-2-1944 and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis Duration 3 days?

Due to 1226

Due to _____

Other conditions Volvulus of intestines 1 day
(Include pregnancy within 3 months of death) due to old appendix adhesions. Cerebral hemorrhage. PHYSICIAN

Major findings: Volvulus of terminal ileum causing temporary obstruction

Of operations: _____

Of autopsy: not done

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (b) Means of injury 0

23. Signature Charles E. Sherwin (M. D. or other) _____

Address 3222 Washington Blvd. Date signed 10-4-44

WRITE PLAINLY—USE UNFADING 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.....

John Agnoski

..... Licensed Embalmer No. *3398*

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.