

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 31 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4524

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

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:
4200 Athlone Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME..... Peter J. Basler

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

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... September 14, 1890.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>4</u>	hr. min.

9. Birthplace..... St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Pharmacist

11. Industry or business..... Drug Store

MOTHER FATHER

12. Name..... William Basler

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Elizabeth Mathieu

15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Helen Basler

(b) Address..... 4200 Athlone Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... May 21, 1946.
(Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Calvin F. Fentz Funeral Home

(b) Address..... 4848 Natural Bridge Blvd.

19. (a) MAY 20 1946 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 0001

(c) City or town..... St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No..... 4200 Athlone Ave. 9
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year..... 1946 hour..... 8 minute 10 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.....

Crown Aneurysm

Crown Aneurysm

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 94

Major findings:
Of operations.....

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: 0

(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?

23. Signature..... Patricia E. Taylor (M.D. or other) Rep Cal

Address..... 1300 Clark Date signed..... May 20 1946

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 A. Melvin

Licensed Embalmer No.

4186

P. O. Address

St. Louis Mo.

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.