

FILED JUN 20 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5036

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. 15 ds.
In this community 62 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRED BASSE

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Sgl
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased January 11 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 22 hr. min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business
12. Name Theodore Basse
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof June 5 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun St Marys Cem

18. (a) Signature of funeral director John S Ziegler & Sons
(b) Address 7027 Meador Ave

19. (a) JUN 5 1946 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 3:45 minute a. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to June 3, 1946; that I last saw him alive on June 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Heart infarct 3 ds. x.
Due to Arteriosclerosis, generalized 10yrs. x.

Due to Chronic Cholecystitis
Other conditions Carcinoma-transverse colm.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above
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)
(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) (e) Means of injury
23. Signature Reseved Hoffmiller (M. D. or other) M.D.
Address 5400 Arsenal Date signed 6/3/46

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

20382

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 14 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.