

Registration District No. **372**

Primary Registration District No. **3068**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Maplewood, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7565 Comfort 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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Minnie B. Basse

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased May 24, 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frederick Bruning  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Agusta Giesecke  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant August Basse  
 (b) Address 7565 Comfort Ave.

17. (a) Burial (b) Date thereof 5-11-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Jay B. Smith  
 (b) Address 7456 Manchester Rd.  
 19. (a) 5-11-48 (b) Carl G. [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7565 Comfort Ave.  
 (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 8  
 year 1948 hour 8 minute 10 P.M.  
 21. I hereby certify that I attended the deceased from 4-30-  
1948 to 5-8-  
1948  
 that I last saw her alive on 5-8-48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Duration 8 da

Due to 930

Due to Arterio-sclerosis  
Renal

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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:  
 (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 of injury)  
 Mean of injury \_\_\_\_\_  
 23. Signature Carl G. [Signature] (M. D. or other) MD  
 Address Wesley [Address] Date signed 5-10-48

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.....

*H. E. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**