

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5975

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1870

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give town) Saint Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) Route 1 Box 152	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Baseel	
c. (Last) Baseel		4. DATE OF DEATH (Month) (Day) (Year) 2-25-50	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single ()	8. DATE OF BIRTH 8-4-05
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Fisherman	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME Baseel, Sadla	
14. MOTHER'S MAIDEN NAME ? Mary		15. NAME OF HUSBAND OR WIFE Unmarried	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. INFORMANT'S SIGNATURE OR NAME Mike Baseel		ADDRESS 3708 Armental	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE FROM ESOPHAGEAL VARICES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CIRRHOSIS OF LIVER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 days?		5 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 2-21-50 to 2-25, 19 50, that I last saw the deceased alive on 2-25, 19 50, and that death occurred at 4:25 A. m., from the causes and on the date stated above.	
23a. SIGNATURE S. M. Jaraba, M.D.		23b. ADDRESS 1325 South Grand Avenue	
23c. DATE SIGNED 2-25-50		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2-25-50		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) New Castle, Neb		24e. (State)	
DATE REC'D BY LOCAL HEALTH DEPT. FEB 27 1950		REGISTRAR'S SIGNATURE J. B. Jaraba	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Marois	

1870

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Leo J. Burdette

Licensed Embalmer No. _____

3989

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.