

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2560

State File No.

0389

FILED FEB 2 1954

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO c. LENGTH OF STAY (in this place) _____ c. CITY OR TOWN ST. LOUIS d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS Hosp		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 4036 UTAH 2169	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) _____ c. (Last) BASLER		4. DATE OF DEATH (Month) (Day) (Year) JAN 13 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 21 1879
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY ALBEY MFG.	
12. CITIZEN OF WHAT COUNTRY?		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
13a. FATHER'S NAME NICHOLAS BASLER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ADELINE BASLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 488-01-2731		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ADELINE BASLER 4036 UTAH	
MEDICAL CERTIFICATION			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) patent atherosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		21g. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from <u>Jan 12 1954</u>, to <u>Jan 13 1954</u>, that I last saw the deceased alive on <u>1-13</u>, 1954, and that death occurred at <u>11:25A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. E. Smith M.D.		23b. ADDRESS 16 S. Hampton Ave. Chicago 1-1459	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE JAN 16 1954		24c. NAME OF CEMETERY OR CREMATORY ST. FELICITAS CEM.	
24d. LOCATION (City, town, or county) (State) BEAVER PRAIRIE ILLINOIS		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois	
DATE REC'D BY LOCAL REG. JAN 14 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

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

300
48

1-5 Hours

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.....
Signature of Student Embalmer

Signed.....
Walter C. Hill

Licensed Embalmer No. 439

P. O. Address 7406 Dr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.