

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

State File No. **5787**

No. 300  
10.48  
FILED FEB 20 1956

07910

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>	
b. CITY OR TOWN <b>PERRYVILLE</b>		c. CITY OR TOWN <b>STE. GENEVIEVE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		No. STREET ADDRESS (If rural, give location) <b>744 NO 6<sup>TH</sup> ST 0951</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PERRY CO. MEMORIAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>B</b> c. (Last) <b>BASLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 1 1956</b>
--	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT 15 1893</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>STE. GENEVIEVE MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>XAVIER BASLER</b>	13b. MOTHER'S MAIDEN NAME <b>EMILY SIEBERT</b>	14. NAME OF HUSBAND OR WIFE <b>CHRISTINE KLEIN</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>	16. SOCIAL SECURITY NO. <b>492-10-8801</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Basler Ste. Genevieve Mo</b>	ADDRESS _____
---	--	--	---------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary Thrombosis</b>		<b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bleeding Peptic Ulcer</b> DUE TO (c) _____		<b>17 hours</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Cirrhosis of liver</b>	<b>4 years</b>

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) (Minute) _____	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 **Jan 31, 1956** to **Feb 1, 1956** that I last saw the deceased alive on **Jan 31, 1956** and that death occurred at **2:14 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Crayson, MD</b> (Degree or title)	23b. ADDRESS <b>Perryville, Mo</b>	23c. DATE SIGNED <b>FEB 2 1956</b>
--	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB 3 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VALLE SPRING</b>	24d. LOCATION (City, town, or county) (State) <b>STE. GENEVIEVE MO</b>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>2-3-56</b>	REGISTRAR'S SIGNATURE <b>250</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Reed Basler Ste. Genevieve Mo</b>	ADDRESS _____
--	----------------------------------	---	---------------

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

FEB 20 1956

MAY 31 1956

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 *Adrian J. Ehler*.....

Licensed Embalmer No. 4746

P. O. Address *St. Genevieve*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.