Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019181
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co Memorial — Length of stay in Ib 11 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Ste. Genevieve
c. CITY OR TOWN Ste. Genevieve 0951 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 469 N Main — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: August Middle: Lawrence Last: Basler
4. DATE OF DEATH Month: May Day: 25 Year: 1958
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Aug 22 1889
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lime, Co
11. BIRTHPLACE (City and state or country) Ste. Genevieve, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Xavier Basler
14. MOTHER'S MAIDEN NAME Emily Siebert
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. 490-01-9576
17. INFORMANT Address: Mrs. Sylvia Dunlap Ste. Genevieve Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Meningo Coccic Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Brain Abscess — 3 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Esophageal Varicies 0570
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-14-58, to 5-25-58 and last saw her ~~him~~ alive on 5-24-58
Death occurred at 12:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G H De Genova (Degree or title) MD
22b. ADDRESS Ste. Genevieve Mo
22c. DATE SIGNED 5-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-25-58
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) Ste. Genevieve (State) Mo

24. FUNERAL DIRECTOR Bernard Stanton ADDRESS Ste Genevieve Mo
25. DATE RECD. BY LOCAL REG. 5-26-58
26. REGISTRAR'S SIGNATURE Joe J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerome A. Stanton

Licensed Embalmer No. 38

P. O. Address Ste Genevie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.