

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002814

ED VS JAN 16 1961

318

Primary Registration District 1003

Registrar's No. 287

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD FILE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri. b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Ste. Genevieve	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If outside, give location) #25 Triangle Drive	
3. NAME OF DECEASED (Type or print) First Middle Last Frank Basler		4. DATE OF DEATH Month Day Year January 9, 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/7/1893
9. AGE (last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter	
10b. KIND OF BUSINESS OR INDUSTRY Book Bindery		11. BIRTHPLACE (City and state or country) Zell, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Basler	
13b. MOTHER'S MAIDEN NAME Sophia Pfaff		14. NAME OF HUSBAND OR WIFE Majella Basler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) W.W.# I		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mrs. Majella Basler, Ste. Genevieve, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hydrothorax, ascites</i> DUE TO (b) <i>probable metastases from adenocarcinoma of the</i> DUE TO (c) <i>154x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i> <i>5 months</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bronchitis and pneumonitis</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>12-12-60</i> to <i>1-9-61</i> and last saw him alive on <i>1-9-61</i> Death occurred at <i>10:56</i> <i>P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph V. Ferguson M.D.</i>		22b. ADDRESS <i>634 N. Grand, St. Louis Mo</i>	
22c. DATE SIGNED <i>1-10-61</i>		23. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>1-12-61</i>	
23c. LOCATION (City, town, or county) <i>Ste. Genevieve, Mo.</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Basler Funeral Home, Ste. Genevieve, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 10 1961</i>	
26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>		26. REGISTRAR'S SIGNATURE	

JAN 31 1961

JAN 31 1961

APR 7 1961

MAR 9 1961

JAN 27 1961

FEB 15 1961

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 Robert M. Murray

Licensed Embalmer No. 3749

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.