

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6475

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. Jewish Hosp)

File No.
Registered No. 1385
St. Ward)

2. FULL NAME

Bertha E. Bassler

(a) Residence. No. 4442² Holly Ave. St. 10 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19² 1890

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
57	2	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

10. NAME OF FATHER John Bassler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Henrietta Serini

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Henrietta Bassler
(Address) 4442² Holly Ave

15. FILED SEP - 6 1922 Wm Starloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4² 1922

17. I HEREBY CERTIFY That I attended deceased from Jan. 30, 1922, to Feb. 4, 1922, that I last saw h. a alive on Feb. 4, 1922 and that death occurred, on the date stated above, at 4-PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor pneumonia
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? DATE OF.....
18. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Revelten Sale M. D.
2-6, 1922 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla **DATE OF BURIAL** Feb 7 19 22

20. UNDERTAKER My Leidner and Co **ADDRESS** 1417 St. Market St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

