

MAR 21 1928

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

Do not use this space.

10409

1. PLACE OF DEATH

County St. Louis  
Township Suburban  
City St. Louis (No. ....) St. .... Ward)

Registration District No. 783  
Primary Registration District No. 6029

File No. ....  
Registered No. ....

2. FULL NAME

Henry Basler

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. .... min.  
74 | 7 | 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rivers aux Sources  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wilhelm Basler

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

12. MAIDEN NAME OF MOTHER Ursula Gisi

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

14. INFORMANT Eudale Basler  
(Address) Rivers aux Sources Mo

15. FILED 3/14 28 19 28 Cl. Boyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 - 19 28

17. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1928, to Mar 13, 1928 that I last saw him alive on Mar 12, 1928, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Protono-Amenicoma

10/15 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) E. Herzog  
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ✓

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) R. H. Lanning M. D.

3/13/28, 19 28 (Address) St. Genevieve Mo.

\*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 Rivers aux Sources Mo DATE OF BURIAL Mar 14 1928

20. UNDERTAKER John Basler St. Genevieve Mo. ADDRESS

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.

