

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2851

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Gravois & Bingham**)

File No.....

Registered No. **555**

St. Ward)

2. FULL NAME

Elizabeth Bassler

(a) Residence, No. **2407 S. Ninth St.**
(Usual place of abode)

St., **23** Ward.

(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.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 6th, 1863**

7. AGE YEARS **68** MONTHS **11** DAYS **8** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Packer 151**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **National Candy Co.**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo. 1**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 31**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Owen Mueller**
(ADDRESS) **2407 So 9th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Mausoleum** DATE **Jan 18** 19**32**

19. UNDERTAKER **Hecker Hildegarde**
(ADDRESS) **2331 So Broadway**

20. FILED **JAN 18 1932** 19 **W. E. STANLEY** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 14** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **No Physician** 19..... to..... 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... am.

The principal cause of death and related causes of importance were as follows:

Shock & Injuries (Internal)
Amputation both legs above
ankle Struck and run
over by train No Automobile
a pedestrian St. Louis Mo.

Other contributory causes of importance: **Accident**

Name of operation..... Date of.....
What best confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury **1-14** 19**32**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public place**

Manner of injury **Struck and run over by**

Nature of injury **Amputation both legs**

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **J. W. Kemmer** M.D.
(Address) **11/16/32 Joe. P. ...**

