

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

Do not use this space.

42265

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1002**
 City **St. Louis** (No. **De Paul Hospital**) St. Ward) **6**

File No.
 Registered No. **11395**
 St. Ward)

2. FULL NAME

(a) Residence, No. St. **6** Ward. **Ste Genevieve Mo**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July-4-1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 16

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

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

10. Date deceased last worked at this occupation (month and year) **1900-1902** 11. Total time (years) spent in this occupation **30**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ste Genevieve Mo. 1**

13. NAME **Jacob Basler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baden 10 Germany**

15. MAIDEN NAME **Magadlin Braun**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baden 10 Germany**

17. INFORMANT **Leo J. Basler** (ADDRESS) **Ste Genevieve Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathery Cem. Ste Genevieve Mo.** DATE **Dec-23 1932**

19. UNDERTAKER **Basler and Co** (ADDRESS) **Ste Genevieve Mo.**

20. FILED **DEC 22 1932** **John C. Anderson** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec-20 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 17 1932 to Dec. 20 1932**

I last saw him alive on **Dec 20 1932** Death is said to have occurred on the date stated above, at **11:35 P.M.**

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

Pneumonia, Acute, lobar. Date of onset **10/8**
Edema, cerebral. **12/4**
 Other contributory causes of importance:
Edema, cerebral.

Name of operation Date of
 What test 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 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury **0**

24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify **Louis J. Birson** M. D.
 (Signed) **1232 Wisconsin Bldg.**
 (Address) **St. Louis, Mo.**

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.

