

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4442a Holly Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **15 Days.**  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Bassler.**  
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 1 1872.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 00 27** hr. min.

9. Birthplace **New Baden, Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed.**

11. Industry or business \_\_\_\_\_

12. Name **John Bassler.**

13. Birthplace **Germany.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Serini.**

15. Birthplace **St. Charles, Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. J. Ball.**

(b) Address **4972 Miami.**

17. (a) **Burial.** (b) Date thereof **12-31-40.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Baden, Illinois**

18. (a) Signature of funeral director **Hy. Leidner Und. Co**

(b) Address **2223 St. Louis Ave.**

19. (a) **DEC 30 1940** (b) **J. N. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis.** **9**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4442a Holly Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28**  
year **1940** hour **11 a.m.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **on**  
**Dec 28**, 19**40**, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on **Dec 28-40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Complete Heart Block Rheumatic heart disease**  
Due to **Rheumatism**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **none**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **C. C. Cochran M.D.** (M. D. or other) \_\_\_\_\_

Address **1502 N. Union Blvd.** Date signed **12-29-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

*Dr Cochran  
1502 N. Duane  
Phon: 770 5464  
9 A.M. Sunday*

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John P. Busholz*.....  
Licensed Embalmer No. *1674*.....

P. O. Address *2127 S. St. Louis*.....

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