

FILED SEP 8 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1780

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves

(c) Name of hospital or institution:
479 Ridge 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 5

(d) Street No. 479 Ridge Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anton Louis Basch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Basch

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 3rd 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Europe
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer Retired

11. Industry or business _____

12. Name Unknown Basch

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

14. Maiden name Unknown

15. Birthplace Europe
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Basch

(b) Address 479 Ridge Ave.

17. (a) Burial (b) Date thereof 8-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 28 1941 (b) E. G. McJannet
(Date received for local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1941 hour 10:30 minute A.M. M. _____

21. I hereby certify that I attended the deceased from 4 yrs.
_____, 19____, to 8/27/41, 19____;
that I last saw him alive on 8/27/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haem. (st)

Due to Art. Sclerosis

Due to _____

Other conditions Hypertension
(Include pregnancy within _____ months of death)

Major findings: SB, a1

Of operations none

Of autopsy none

Duration

3 wks

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) None

(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? _____

(e) Means of injury _____

23. Signature Frank P. Gandy (M. D. or other) MD
Address 32 N. 3rd Webster Groves Date signed 8/28/41

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

MOTHER FATHER

Trumbull willow Rd
Roxe Ave North of Hockmors
No 8-9 & 5-4

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 Reinhold K. Schomann

Licensed Embalmer No. 3395

P. O. Address.....

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.