

FILED SEP 9 1943

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 39

95
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

(c) City or town St. Genevieve
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FABIAN BASKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPHINE STOLL 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased DEC. 7 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 8 5 _____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name JACOB BASKER

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

14. Maiden name MALDALENA BRAUN

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

16. (a) Informant Edward Schwent

(b) Address St. Genevieve Mo.

17. (a) BURIAL (b) Date thereof 8-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE, MO.

18. (a) Signature of funeral director Les C. Bisher

(b) Address St. Genevieve Mo.

19. (a) Aug 13/43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 12 year 1943 hour 5 minute 1 M.

21. I hereby certify that I attended the deceased from aug. 12 1943 to aug 12 1943 that I last saw him alive on Aug. 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with acute dilatation of heart.

Due to _____

Due to _____

Other conditions arterio-sclerosis -
(Include pregnancy within 3 months of death)

Major findings: Of operations P3d

Of autopsy _____

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 Robert H. Luning (M. D. or other)

Address St. Genevieve, Mo. Date signed 8/14/43

Physician
John
17th

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 943-2695
Date Filed 9-8-43

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.....

Leo C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo C. Basler.....

Licensed Embalmer No. 1985.....

P. O. Address St. Genevieve Mo.....

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.