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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28693

State File No. ....

FILED AUG 28 1944

Registration District No. ....

Primary Registration District No. 3066

Registrar's No. 1739

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MED. OFF. IN TEMP. CHARGE

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Kirkwood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
U.S. Marine Hospital, Kirkwood, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2,973 days  
(Specify whether  
In this community X  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2801 S. Broadway,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Nick L. Basler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 23, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 22 hr. min.

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

10. Usual occupation Deckhand

11. Industry or business U.S. Dredge, Grafton, St. Louis, Mo.

MOTHER FATHER  
12. Name George Basler  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Sophie Roth  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nick Basler (On admission)  
(b) Address Same as above

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 44  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Gertrude Mo

18. (a) Signature of funeral director Basler, Frank, Home  
(b) Address St. Gertrude, Missouri

19. (a) AUG 18 1944 (b) E. D. McEavran, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th  
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 25, 1936  
19\_\_\_\_, to August 15, 1944  
that I last saw him alive on August 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Chronic, Pulmonary, far advanced, bilateral. Duration 8 yrs.

Due to X

Due to X

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X

Of autopsy X

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) X  
(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 0

23. Signature J. B. Lyon, Senior Surgeon (M.D. or other)  
Address U.S. Marine Hospital, Kirkwood, Mo. Date signed 8-16-44

**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 M. Meyer*.....

Licensed Embalmer No. *3285*.....

P. O. Address *Hickwood, 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.**