

36725

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 319Primary Registration District No. 4469Registrar's No. 58

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
 years, months or days)
 In this community LIFE
 years, months or days)

3. (a) PRINT
FULL NAME SOPHIA BASLER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife JOHN BASLER 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased OCT 8 1859
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>87</u> | <u>11</u> | <u>26</u> | hr. _____ min. _____ |

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name ANTHONY PFAFF
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name LOUISE PALMER
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant Asst. C. Basler
 (b) Address St. Genevieve Mo
 17. (a) BURIAL (b) Date thereof 10-7-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Asst. C. Basler
 (b) Address St. Genevieve Mo
 19. (a) 10-8-47 (b) Irma M. Karl
 (Date received local registrar) (Registrar's signature) 250

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County STE. GENEVIEVE
 (c) City or town STE. GENEVIEVE
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 4
 year 1947 hour 7 minute 40.8 M.

21. I hereby certify that I attended the deceased from Aug 15
 1947 to Oct 4 1947
 that I last saw her alive on Oct 3 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation
 Duration _____

Due to Deformed Heart & severe Chronic Nephritis
 Due to arteriosclerosis Chronic Myocarditis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations ✓
 Of autopsy ✓ 131B
 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 Asst. C. Basler (M. D. or other) MD
 Address St. Genevieve Mo Date signed 10-5-47

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
M—8-43
5-17-39

X37823

FILED OCT 17 1947

RECEIVED

District Health Officer No. 4

District File Number 1047-1322

Date Filed 10-15-47

OCT 17 1947

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. 13288
P. O. Address Kirkwood 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.