

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9858
2192
Registrar's No. _____

FILED MAR 22 1951

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1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3932 Randall ST.</u>				d. STREET ADDRESS (If rural, give location) <u>3123 Texas Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) c. (Last) <u>Bassler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb 16, 1880</u>	9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Baden, ILL. Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Fredericka Hertenstein</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Bassler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. Otto C. Bassler Waterloo, ILL.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1949</u>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Hypertension</u> <u>1946</u>						
	DUE TO (c) <u>Diabetes</u> <u>1945</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slip</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1941</u> , to <u>9-22, 1950</u> , that I last saw the deceased alive on <u>9-22, 1950</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Eddele</u>			(Degree or title) <u>D. M.D.</u>		23b. ADDRESS <u>4971 Chippewa St.</u>		23c. DATE SIGNED <u>3-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Baden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Baden, ILL.</u>			
DATE MADE BY LOCAL HEALTH DEPARTMENT		REGISTRAR'S SIGNATURE <u>J. A. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Bros. L. & U. G. 2929 S. Jefferson Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed H. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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.