No. 300
10-48

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FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25807

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Ste. Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ste. Genevieve
c. LENGTH OF STAY (in this place) 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 181 Market St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Ste. Gen
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ste. Genevieve 0951
d. STREET ADDRESS (If rural, give location) 181 Market 0

3. NAME OF DECEASED (Type or Print)
a. (First) EMMA
b. (Middle) LOUISE
c. (Last) BASLER

4. DATE OF DEATH (Month) (Day) (Year) July 28 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 30 1893
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ste Genevieve Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Felix I Bequette
13b. MOTHER'S MAIDEN NAME Johanna Doll
14. NAME OF HUSBAND OR WIFE August Basler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME August Basler — ADDRESS Ste. Genevieve Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 9:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Arthur E Sexauer M.D.
23b. ADDRESS Ste. Genevieve Mo
23c. DATE SIGNED 7-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 31, 1951
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem
24d. LOCATION (City, town, or county) Ste. Genevieve (State) Mo

DATE REC'D BY LOCAL REG. Aug 1-1951
REGISTRAR'S SIGNATURE Teresa M. Karl Dep 350
25. FUNERAL DIRECTOR'S SIGNATURE Jerome H Stauler — ADDRESS Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 8 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.