

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35919

State File No.

Registrar's No. **3530**

FILED NOV 8 1951

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6096	State File No.	
1. PLACE OF DEATH a. COUNTY Saint Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn		c. LENGTH OF STAY (in this place) 2 1/2 Years		c. CITY (If outside corporate limits, write RURAL and give township) 2089 OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home			d. STREET ADDRESS (If rural, give location) 8605 Mora Lane		
3. NAME OF DECEASED (Type or Print) a. (First) Alfred		b. (Middle) Woods		c. (Last) BASELER	
4. DATE OF DEATH Oct. 27th, 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 10th, 1870		9. AGE (in years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Security Custodian Federal Bank		10b. KIND OF BUSINESS OR INDUSTRY Federal Bank		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henri Baseler		13b. MOTHER'S MAIDEN NAME Mary Woods	
14. NAME OF HUSBAND OR WIFE Late Edna May Baseler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Edgar W. Baseler		ADDRESS 8654 Hume Avenue, 21,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND 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) 304X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Apr. 1947 to Oct 27, 1951 , that I last saw the deceased alive on Sept 10, 1951 , and that death occurred at 10:00A m. , from the causes and on the date stated above.					
23a. SIGNATURE H.A. Lehman		(Degree or title) _____		23b. ADDRESS M.P.O. 4362 W. Main St.	
23c. DATE SIGNED 10-29-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/30/51	
24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri			
DATE REC'D BY LOCAL REG. 10-29-51		REGISTRAR'S SIGNATURE Herbert R. Domb		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	
		ADDRESS 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

4021
10-48

