

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39949

State File No. 10144
Registrar's No.

FILED DEC 2 1952
BIRTH NO. 78767

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY St. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Genevieve 0951	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Catherine's Hospital		d. STREET ADDRESS (If rural, give location) 164 N. 4 th St. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Basler	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11-3-52
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 11-2-52	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri U	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin Bernard Basler	13b. MOTHER'S MAIDEN NAME Rita Marie Rath	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rita Basler	ADDRESS Same
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature rupture of membranes		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7610
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22. I hereby certify that I attended the deceased from 11-2, 1952, to 11-3, 1952, that I last saw the deceased alive on 11-2, 1952, and that death occurred at 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE C. Carl R. Hulick, M.D.	(Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 11-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-3-52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Genevieve, Mo.
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DATE REC'D BY LOCAL REG. NOV 5 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE G. J. Stinton	ADDRESS St. Genevieve, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Not embalmed - Martin Barber

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.