

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045400  
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12074

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN River Aux Vases	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If outside, give location) 3/ Rural	

3. NAME OF DECEASED (Type or print) First Middle Last Philip Edwin Basler			4. DATE OF DEATH Month Day Year December 12, 1958		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 6, 1888	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	-------------------------------------	---------------------------------------	--	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) River Aux Vases, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME William Basler	13b. MOTHER'S MAIDEN NAME Mary Ann Frederick	14. NAME OF HUSBAND OR WIFE Amanda Basler
--------------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W.	16. SOCIAL SECURITY NO. 190-40-2254	17. INFORMANT Amanda Basler, River Aux Vases, Missouri.
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of forehead</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>E976X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>self inflicted in barn</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I (a) or PART II of item 18.) <i>of Route at Ste. Genevieve.</i>
--	--

20c. TIME OF INJURY Hour Month, Day, Year <i>12 12 58 Missouri December 12, 1958.</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Ste. Genevieve Mo</i>
---	--	---	--

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1045 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <i>Patrick Taylor Corcoran</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>12.15.58.</i>
--	-----------------------------------	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-13-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sta. Philip &amp; James Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>River Aux Vases, Mo.</i>
---	------------------------------	---	--

24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>	ADDRESS <i>4700 Washington, Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 15 58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>
--	--	--	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 5 1959

### 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 .....  
Signature of Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *Alhambra, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.