

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018202

STATE FILE NUMBER

FILED JUN 3 1959

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 8v

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY STE. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Joachim Twp.		c. CITY OR TOWN Bloomsdale	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL Hosp		d. STREET ADDRESS Bloomsdale	
3. NAME OF DECEASED (Type or print) CATHERINE BASLER		4. DATE OF DEATH MAY 24 1959	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 10, 1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 87	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Weingarten, Mo	
13. FATHER'S NAME Ferdinand Eisenbeis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Elizabeth Isenman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Leo Jakerst Bloomsdale, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of ovary DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 2+ months 2+ months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 4, 1959 to May 23, 1959 and last saw her alive on May 23, 1959. Death occurred at 8:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. M. Mayfield M.D.		22b. ADDRESS Crystal City, Mo	
22c. DATE SIGNED May 24, 1959		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-27-59		23c. NAME OF CEMETERY OR CREMATORY St. Philomena	
23d. LOCATION (City, town, or county) Bloomsdale, Mo		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS James A. Stanton Ste Genevieve Mo		25. DATE RECD. BY LOCAL REG. 5-27-59	
26. REGISTRAR'S SIGNATURE James G. Fisher			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

00-56

Coroner cannot certify to a death due to natural causes.

JUN 2 1952

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.....  
*James S. Simola*

Licensed Embalmer No. 38

P. O. Address.....  
*St. Edward*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.