

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37989

1. PLACE OF DEATH

County..... Registration District No. 5401
Township..... Primary Registration District No. 100000
City St. Louis (No. St. Luke's Hosp.)

File No.....
Registered No. 11066
St. Ward)

2. FULL NAME

(a) Residence, No. 12 St., Ward Webster Groves Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. / How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-19-1932</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, .. hrs. or .. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Gerald R. Bass

14. BIRTHPLACE (CITY OR TOWN) Chicago - Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Vernie Charlotte Esk

16. BIRTHPLACE (CITY OR TOWN) Arlington - Mass (STATE OR COUNTRY)

17. INFORMANT Mrs. Vernie C. Bass (ADDRESS) 212 So. Elm - Webster Groves Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ROTTERS FIELD DATE 12-15-1932

19. UNDERTAKER Ed. Shannon (ADDRESS) 1470 Carroll

20. FILED DEC 14 1932 W. J. Stankley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-19-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1932, to 2 Nov 19 1932, 1932.
I last saw h. him alive on Nov 19 1932. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

Prone with 26 wounds
300 rapid incise in side

Date of onset

Other contributory causes of importance:
159 159

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? (1)
If so, specify C. J. Wright, M. D.
(Signed) C. J. Wright
(Address) 903 Trinity Club

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

U. S. NO. 2.

