

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.

JUN 6 1936

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

Do not use this space.

21368

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **5247 Cote Brilliante Avenue** St. Ward)

File No.
Registered No. **5599**
St. Ward)

2. FULL NAME **Floyd J. Bass**

(a) Residence, No. **5247 Cote Brilliante Avenue** **6** Ward.
(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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Bass				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16th, 1893				
7. AGE	YEARS 43	MONTHS 1	DAYS 11	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Salesman			
	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).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri				
FATHER	13. NAME Efton Bass			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Jennie Dryden			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Lois Bass (ADDRESS) 5247 Cote Brilliante Avenue				
18. BURIAL, CREMATION, OR REMOVAL PLACE Winfield, Mo. DATE May 29th, 1936				
19. UNDERTAKER David S. Forbush (ADDRESS) Winfield, Missouri				
20. FILED MAY 27 1936 J. H. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 9th**, 19**36**, to **May 26th**, 19**36**
I last saw him alive on **May 26th**, 19**36**. Death is said to have occurred on the date stated above, at **4:30 A.M.**
The principal cause of death and related causes of importance were as follows:
Myocardiosis chronic
Prior to my 12 case
131
Other contributory causes of importance:
Hypertensive Cardio-Vascular renal syndrome
Name of operation **None** Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **NO**

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?.....
If so, specify **None**
(Signed) **J. H. Bredeck**, M. D.
(Address) **3800 Lee Ave**

