AUG - 5 1937

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

Do not use this space.

26107

File No.

Registered No. 7281

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL

County / Registration District No. 791

Township / Primary Registration District No. 1003

City St. Louis (No. 2601, N Whittier St. Ward)

2. FULL NAME Winnie Bass

(a) Residence, No. 2716 Papin St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col.	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	58	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Kentucky

FATHER

13. NAME Henry Swope

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Maggie White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE July 31, 37

19. UNDERTAKER A. Russell Undertaking Co.
(ADDRESS) 2732 Pine Street

20. FILED JUL 31 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to July 29, 1937

I last saw her alive on July 29, 1937 Death is said to have occurred on the date stated above, at 2:37 a.m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of urinary bladder	5/22/37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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

(Signed) J. B. Kenna, M. D.
(Address) 2601 N Whittier

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.

89

2
31
32

53B

Female Col. Widow

Unknown

Oct. ?, 1879

63 9 21

Housework

Kentucky

Henry Drope

Unknown

Maggie White

Unknown

Thelma Williford
3111 Whittier

Ozell Whittier

Little Zero
Pople

54

July 29

May 29 July 29

or July 22 57

a.m.

Malignancy of urinary bladder 5/22/27

no

clinical