OCT 14 1937

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

Horner 3 Clyde

791

32211
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8265
(c) City Saint Louis (d) Street No. 4130 Fairfax Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Bass
(a) Residence, No. 4130 Fairfax A venue St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A: ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Louis Bass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1880

7. AGE YEARS 57 MONTHS 1 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Murphysboro Tennessee

FATHER
13. NAME Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

MOTHER
15. MAIDEN NAME Millie Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphysboro Tennessee

17. INFORMANT (ADDRESS) Dee Bass 4130 Fairfax, Apt 2,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Sept 4, 1937

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Bates 4107 Finney Avenue

20. FILED SEP 2 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 505 PM
The principal cause of death and related causes of importance were as follows:

Cancer of rectum (malignant)

Date of onset

Other contributory causes of importance:

Name of operation ..... 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 .....
(Signed) Joseph M. Queen, ~~M. D.~~
(Address) 4300 Clark Avenue Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

James A. Johnson L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)