

FILED SEP 17 1941 791  
Registration District No.

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
32 Vandeventer Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 32 Vandeventer Place  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month Aug day 15  
year 1941 hour 8:15 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage  
due to gun shot wound of right breast  
self inflicted at her home #32  
Vandeventer Place, about 7:30 P.M.  
Aug. 15th, 1941, while suffering  
from temporary mental aberration;

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**3. (a) PRINT FULL NAME**

Helen Patricia Bass

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (e) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife Sigmund M. Bass

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased (Month) 9 (Day) 9 (Year) 1902

**8. AGE:**

Years 38 Months 11 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace**

St. Louis Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation**

Housewife

**11. Industry or Business**

**MOTHER**

12. Name John McCaffery

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE SCARSON

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

**16. (a) Informant**

Sigmund M. Bass

**(b) Address**

32 Vandeventer Place

**17. (a) Burial**

(Burial, cremation, or removal)

**(b) Date thereof**

8-18-41  
(Month) (Day) (Year)

**(c) Place: burial or cremation**

Oak Grove Mausoleum

**18. (a) Signature of funeral director**

L. J. Sullivan Bros

**(b) Address**

2849 N. Euclid Ave.

**19. (a) AUG 18 1941**

(Date received local registrar)

**(b)**

J. H. Zudich  
(Registrar's signature)

23. Signature Alfred G. Perry (M. D. or other) 3

Date signed 8/18/41

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Albert Mayfield  
Licensed Embalmer No. 3977  
P. O. Address St Louis Mo

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

**If this body is not embalmed, fact should be so stated above.**