

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29931
Registrar's No. 7220

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer S. Phillips Hosp
(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 _____ (b) County 000
(c) City or town St Louis Mo 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 2903 Bell Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
Yes, name country _____

3. (a) PRINT FULL NAME Betty Jean Bass
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH. Month Sept day 4
year 1941 hour 14.05 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. 3 Female 5. Color or race Col 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 24 1941
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 4 Months 4 Days 19 If less than one day _____ hr. _____ min.

Due to Broncho Pneumonia Primary
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Infant

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

11. Industry or business _____
12. Name Esodrey Bass
13. Birthplace Ark (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
107

14. Maiden name Melissa Hardman
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Melissa Bass
(b) Address 2903 Bell Ave
17. (a) Burial (b) Date thereof Sept 9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

23. Signature Thornest Allen (M.D. or other) 3/15/41
Address Deputy Coroner Date signed _____
While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director F. W. Green
(b) Address 2915 Franklin Ave
19. (a) SEP 8 1941 (b) J. R. Budick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

70
7
9
85

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

Licensed Embalmer No. 4641

P.O. Address 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.