

38452

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MO. JAN - 5 - 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 10686

Registration District No. 010

Primary Registration District No. 1003

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:
Between Dayton + Mills Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
 In this community 22 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Walthall Bass3. (b) If veteran, name war 20'3. (c) Social Security No. 333-037734. Sex M. W. 5. Color or race Colored6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Florence Bass6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased (Month) 13 (Day) 18 (Year) 908. AGE: Years 52 Months 7 Days 5 If less than one day hr. _____ min. _____9. Birthplace GRENADE (City, town, or county) MISSISSIPPI (State or foreign country)10. Usual occupation Domestic11. Industry or business Commonwealth Sec12. Name Joe Bass13. Birthplace MISSISSIPPI (City, town, or county) (State or foreign country)14. Maiden name Miss15. Birthplace MISSISSIPPI (City, town, or county) (State or foreign country)16. (a) Informant's own signature Florence Bass(b) Address 13 20th Elliot Ave.17. (a) Burial (b) Date thereof 12 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Mess Messen(b) Address 2834 Gambler19. (a) DEC 22 1942 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1320th Elliott
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour 9 minute 25 A. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Edema of Brain
Acute Alcoholic Gastritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address Capitol Hill Date signed 12/19/42

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
D-1 193511

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.

1942
1890
52

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 Chas. L. Howell
Licensed Embalmer No. 2452
P. O. Address 2834 Gamble

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, above space should be left blank.