

FILED MAY 27 1943

318

Primary Registration District No. 1005

Registrar's No. 4492

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Anna Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

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. 1824 Biddle
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jethro Bass

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1943 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race negro

6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased: unk (Month) unk (Day) 1909 (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 34 Months - Days - If less than one day _____ hr. _____ min.

Duration _____

Due to Coronary Thrombosis

9. Birthplace unk (City, town or county) _____ (State or foreign country)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Labourer

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name unk

13. Birthplace unk (City, town, or county) _____ (State or foreign country)

14. Maiden name unk

15. Birthplace unk (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Thomas

(b) Address 1824 Biddle St. 194

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 ...

While at work? _____ (c) Means of injury _____

19. (a) MAY 10 1943 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature Alfred P. Perry (M. D. or other) _____
Address Leaves Coron Date signed 5/14/43

MAY 14 1943

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 *Burton English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas, an*.....

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.