

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8708**
Registrar's No. **2764**

FILED MAR 27 1944
Registration District No. **318**

Primary Registration District No. **1003**

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:
St Mary's Infirmarys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Eva Bass**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife If alive..... years
7. Birth date of deceased. **April 3 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 15 hr. min.

9. Birthplace **McBaine Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business.....

MOTHER FATHER

12. Name **Gabe Crockett**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ola Evans**

(b) Address **2419 Dickson St**

17. (a) **Burial** (b) Date thereof **3-22-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **2820 Stoddard St**

19. (a) **MAR 23 1944** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St Louis** **17**
(If outside city or town limits, write "RURAL") **921**
(d) Street No. **2702 Gamble St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **18**
year **1944** hour **6** minute **pm**
21. I hereby certify that I attended the deceased from **2-1** 19 **44** to **3-18** 19 **44**
that I last saw him alive on **3-18** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia today**
Duration

Due to.....
Due to..... **ffo**
Other conditions **Retro-peritoneal nodules**
(Include pregnancy within 3 months of death) **Sarcoma**

Major findings: **Retro-peritoneal tumor**
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place).....
(c) Means of injury.....
23. Signature **William H. Hubbs** M.D. or other
Address **901 N. Ward** Date signed **3/22/44**

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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

Louise Boykin
my

Registered Apprentice No.

working under my personal supervision.

Signed

Louise Boykin

Licensed Embalmer No.

2946

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.