

No. 300
-10-47
-17-39
P 1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33902
Registrar's No. 9615

Registration District No. 318 Primary Registration District No. 1003

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:
3624 Lawn Ave.
(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)

3. (a) PRINT FULL NAME AUTHOR M. BASS

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 10 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Dover Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Sta. Engineer

11. Industry or business Lesser*Goldman Co.

12. Name Norfleet Bass

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

14. Maiden name Augusta Rayburn

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

16. (a) Informant Emma Bass

(b) Address 3624 Lawn Ave.

17. (a) Burial (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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

(b) Address 4228 S. Kingshighway Bl.

19. (a) NOV 4 1948 (b) J B L...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wao
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3624 Lawn Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1948 hour 1:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 3 1948
to Aug 13 1948
that I last saw him alive on Aug 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 2nd stroke Duration Instant

Due to _____
Due to _____

Other conditions HYPERTENSION 1-3-48
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature John C. Connel (M. D. or other) _____
Address 5005 S. GRAND ST. ST. LOUIS, MO. Date signed 11/4/48

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

MOTHER, FATHER

V-001-2
Richard W. Stovesand

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.