

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 17057
4627
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 4627	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS (If rural, give location) 3049 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				4. DATE OF DEATH (Month) (Day) (Year) May 24 1949			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle)		c. (Last) Bass	
5. SEX Male		6. COLOR OR RACE Cal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH May 25 - 1906	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 19		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Tobacco		11. BIRTHPLACE (State or foreign country) St Louis		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME James A Bass		13b. MOTHER'S MAIDEN NAME Ida J Campbell		14. NAME OF HUSBAND OR WIFE Altona			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Altona Bass 3049 Madison			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary Tuberculosis		DUPLICATE (b) Undetermined					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) _____					
II. OTHER SIGNIFICANT CONDITIONS None							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 130			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? aspx			
22. I hereby certify that I attended the deceased from 5-7 , 19 49 , to 5-24 , 19 49 , that I last saw the deceased alive on 5-24 , 19 49 , and that death occurred at 7:50a m., from the causes and on the date stated above.							
23a. SIGNATURE Oscar L Daniels		(Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 5-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-7-49		24c. NAME OF CEMETERY OR CREMATORY St Peters		24d. LOCATION (City, town, or county) (State) County MO	
DATE REC'D BY LOCAL REG. MAY 26 1949		REGISTRAR'S SIGNATURE J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD Richardson 2625 Blongew			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *AP Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow Ave*

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.