

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38488

BIRTH NO. 96787-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. 9553

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION BETHESDA HOSPITAL		d. STREET ADDRESS (If rural, give location) 23 2262 INDIANA AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) RONALD	b. (Middle) GENE	c. (Last) BASS	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 4 1949
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5. SEX M W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH JUNE 15, 1949	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 4 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JAMES BASS	13b. MOTHER'S MAIDEN NAME WANDA HIGHT	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME JAMES BASS	ADDRESS 2262 INDIANA AVENUE
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Strap-Throat</u> DUE TO (c) <u>Upper Resp - Congestion</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Cerebro Spinal Meningitis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Meningeal & Skull Perforation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 0570
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22. I hereby certify that I attended the deceased from Aug 19 1949, to 11/4 1949, that I last saw the deceased alive on Nov 3 1949, and that death occurred at 4:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Barber M.D.</u>	(Degree or title)	23b. ADDRESS <u>1504 A. Jefferson</u>	23c. DATE SIGNED <u>11/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-5-49	24c. NAME OF CEMETERY OR CREMATORY <u>HYCKMAN, KENTUCKY</u>	24d. LOCATION (City, town, or county) (State)
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DATE RECD BY LOCAL REG. NOV 6 1949	REGISTRAR'S SIGNATURE <u>J. B. Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ALLEN W. McLAUGHLIN</u>	ADDRESS <u>2301 LAFAYETTE AVENUE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. J.W. BARKER, MD
1504 So. Jefferson Ave

(Office LA 8010)
(Res. LO 0165)

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 L. R. Craper

Licensed Embalmer No. 7633

P. O. Address 2301 Lafayette

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.