

FILED MAR 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9857
Registrar's No. 2223

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9857		Registrar's No. 2223			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069							
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				STREET ADDRESS (If rural, give location) 4939a Terry Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Hattie			b. (Middle) Beulah			c. (Last) Bass			4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH 1874 Dec. 18 1893		9. AGE (In years last birthday) 77 76		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Nashville Ill. 1		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown Hicks				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Moses B. Bass			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto B. Bass, 4939a Terry Ave.					
18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
18a. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Fr of skull; Subdural								Interval between onset and death	
18b. ANTECEDENT CAUSES		Newtoma; suffered when deceased fell down a flight of steps at her home								Interval between onset and death	
18c. II. OTHER SIGNIFICANT CONDITIONS		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4939a Terry Ave on Mar 8 1951 at about 3:11pm								Interval between onset and death	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, garage, office, etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Mar. 8 51 7 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 918 D							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Otto B. Bass				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 3/10/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/12/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					
DATE REC'D BY LOCAL REG. MAR 10 1951		REGISTRAR'S SIGNATURE J B Foster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD CORR. BY AFF.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Warren A. Carter

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

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AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 19....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Hattie Beulah Bass died 3-9-1951 19....., in the State of
~~1874~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 8 should read Dec. 18 1874

Instead of 1873

Item No. 9 should read Age 76

Instead of 77

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert M. English Fun. dir.
Relationship.

1905 N. Union

Present Address.

Subscribed and sworn to before me this 27 day of Mar., 1951

My Commission expires 3-1-53 Earl C. Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.