

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13670

FILED APR 28 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 71

0920
5

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES 0923</u>	
c. LENGTH OF STAY (in this place) <u>17 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>304 LINDENWOOD AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMANS HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>C.</u>	
		c. (Last) <u>BASS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14, 1951</u>			
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH: <u>JULY 8, 1872</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY: <u>UNITED STATES</u>			
13a. FATHER'S NAME: <u>RICHARD BASS</u>		13b. MOTHER'S MAIDEN NAME: <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE: _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.: <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME: <u>Joseph Stalker</u>		ADDRESS: <u>ST. CHARLES, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paradoxical Decomposition</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>4 days</u>	
ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Chronic Coronary Disease</u> ?	
		DUE TO (c) <u>Arterio-sclerosis</u> ?	
II. OTHER SIGNIFICANT CONDITIONS: <u>Senility</u>			
19a. DATE OF OPERATION: _____		19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 12, 1951</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>Apr. 14</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE: <u>Jim Jickel</u>		23b. ADDRESS: <u>St. Charles, Mo.</u>	
		23c. DATE SIGNED: <u>4-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE: <u>April 17 1951</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State): <u>St. Charles Mo.</u>
DATE REC'D BY LOCAL REG.: <u>4-17-51</u>	REGISTRAR'S SIGNATURE: <u>Franice Havelock</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>W. H. ...</u> ADDRESS: <u>St. Charles Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

MAR 30 1951

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 *Arthur O. Brown*

Licensed Embalmer No. 3151

P. O. Address *Albany, N.Y.*

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.