No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25554

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6440

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis /
c. LENGTH OF STAY (In this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1412 Leffingwell Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 22, 9
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 1412-Leffingwell Ave.

2. /

3. NAME OF DECEASED (Type or Print)
a. (First): Victor
b. (Middle): Clinton
c. (Last): Bass

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1952

5. SEX: Male C

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married U

8. DATE OF BIRTH: July 3, 1882

9. AGE (In years last birthday): 69 | 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): former Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Confectionary

11. BIRTHPLACE (State or foreign country): Iron Mountain, Tenn. /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Norfleet W. Bass

13b. MOTHER'S MAIDEN NAME: Augusta Rayburn

14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Norfleet N. Bass
ADDRESS: Maryland Heights, Mo. B.x 16

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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) Heat Exhaustion
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Bad E9310

22. *I hereby certify that I attended the deceased from* 3, 19 P, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1000 P *m., from the causes and on the date stated above.* 22

23a. SIGNATURE Patrick E. Ray (Degree or title) Prop. Mgr.
23b. ADDRESS 1399 Clark
23c. DATE SIGNED 7-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State): Pattonville, Mo.

DATE REC'D BY LOCAL REG.: JUL 3 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
m8c

25. FUNERAL DIRECTOR'S SIGNATURE: Bluman Bros. Inc.
ADDRESS: 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 3454

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, M

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.