No. 300
10.48

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

FILED MAR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11207

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2140

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2189
d. STREET ADDRESS (If rural, give location): 3037 La Salle 18

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

4. DATE OF DEATH (Month) Feb. (Day) 20 (Year) 1953

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH July 15, 1914

9. AGE (In years last birthday): 38 — If under 1 year: Months 7, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Heel Dept)

10b. KIND OF BUSINESS OR INDUSTRY: Brown Shoe Co.

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Bass

13b. MOTHER'S MAIDEN NAME Zenobia Brent

14. NAME OF HUSBAND OR WIFE - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Betty Jean King - 3408 Rutger St.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Duodenal Ulcer and Partial Intestinal Obstruction — Interval between onset and death: Undet.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Undetermined

DUE TO (c) Intra-abdominal Abscesses

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

19a. DATE OF OPERATION 1-18-53

19b. MAJOR FINDINGS OF OPERATION Subtotal Gastric Resection

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? 576X

22. *I hereby certify that I attended the deceased from* 12-21, 19 52, *to* 2-20, 19 53, *that I last saw the deceased alive on* 2-20, 19 53, *and that death occurred at* 8:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas H. Brewer (Degree or title) M. D.

23b. ADDRESS 2601 N Whittier St

23c. DATE SIGNED 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE 2/25/53

24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24d. LOCATION (City, town, or county) St. Louis (State) Missouri

DATE REC'D BY LOCAL REG. FEB 25 1953

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Und. Co. **ADDRESS** 3644 Finney

(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.....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed John L Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright Avenue

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.