

FILED JAN 29 1957

STANDARD CERTIFICATE OF DEATH

State File No. 44780

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11824

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **1 day**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY OR TOWN **University City**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **6629 Kingsbury**

3. NAME OF DECEASED (Type or Print)

a. (First) **Abe** b. (Middle) **Max** c. (Last) **Bass**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 24, 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Marr.**

8. DATE OF BIRTH **Nov. 10, 1901** 9. AGE (in years last birthday) **55**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Merchant**

10b. KIND OF BUSINESS OR INDUSTRY **Retail Dry Gds.**

11. BIRTHPLACE (City and State or Foreign Country) **Louisville, Ky.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Julius Bass** 13b. MOTHER'S MAIDEN NAME **Celia Lenn** 14. NAME OF HUSBAND OR WIFE **Bessie**

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. **412-03-3477** 17. INFORMANT'S SIGNATURE OR NAME **Bessie Bass** ADDRESS **6629 Kingsbury**

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**

ANTECEDENT CAUSES **Coronary sclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Coronary Sclerosis**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 day**

5 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **4201** 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1951**, to **12/26/56**, 1956, that I last saw the deceased alive on **12/27, 1956**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Arthur E. Strauss** (Degree or title) **M.D.** 23b. ADDRESS **539 N. Grand** 23c. DATE SIGNED **12/25/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 24b. DATE **12/26/56** 24c. NAME OF CEMETERY OR CREMATORY **B'rith Sholom** 24d. LOCATION (City, town, or county) (State) **University City, Mo.**

DATE REC'D BY LOCAL REG. **DEC 26 1956** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Memorial** ADDRESS **4715 McPherson**

(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 by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *J Wm B Embler* _____

Licensed Embalmer No. _____

P. O. Address *St Paul* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.