

Health, Welfare, Public Service

300  
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29195  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7688

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters Of		Length of stay in lb Poor 8 mo. 2/6		STREET ADDRESS 4203 Hartford St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Otho Last Bass			4. DATE OF DEATH Month Aug. Day 15 Year 1957				
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1867	9. AGE (In years last birthday) 90	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and state or country) Clarksville, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Decorator		11. BIRTHPLACE (City and state or country) Clarksville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Bass				14. MOTHER'S MAIDEN NAME Stella Kelly			
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. No		17. INFORMANT Jessie Schmithafer Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH ???	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Arterio-sclerotic heart disease	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0				
20c. TIME OF INJURY Hour Month, Day, Year May 12, 1957							
20d. INJURY OCCURRED WHILE WORKING <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clarksville, Mo.		COUNTY STATE	
21. I attended the deceased from May 12, 1957 to Aug. 13, 1957 and last saw her alive on Aug 9, 1957. Death occurred at 6:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bernard A. Flotte MD				22b. ADDRESS 2435 N. Grand Blvd		22c. DATE SIGNED 8-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 17, 1957		23c. NAME OF CEMETERY OR CREMATORY Clarksville Cemetery		23d. LOCATION (City, town, or county) (State) Clarksville, Mo.	
24. FUNERAL DIRECTOR Holmeister Colonial Mortuary 6464 Chipewa St., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. AUG 16 57		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

205-7811

of this

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.....  
Signature of Student Embalmer

Signed *Linus C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 78148

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.