

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026385
State File No.

FILED JUL 17 1959

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No. **2 6216**

28
3 W
4577

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

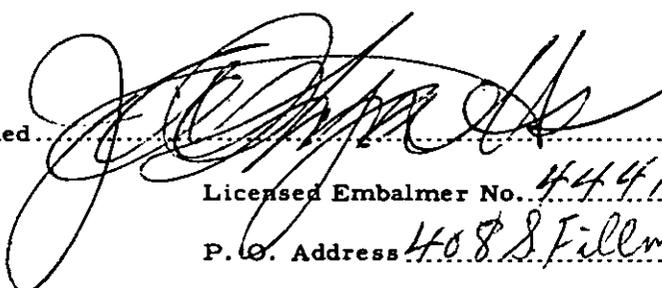
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Homer G. Phillips Hosp.		e. STREET ADDRESS (If rural, give location) 15 N. Newport Ave			
3. NAME OF DECEASED (Type or Print) Eliza Gertrude Bass		a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) 6 27 59		5. SEX Female		6. COLOR OR RACE Col.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH Aug. 18 1893		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Clair Mo.	
13a. FATHER'S NAME Frank Clark		13b. MOTHER'S MAIDEN NAME Solpha Lilea Ward Bass		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) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mamie Osborn 15 N. Newport	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 6 Mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Dec 27, 1958, to June 27, 1959, that I last saw the deceased alive on July 12, 1959, and that death occurred at 8 am m., from the causes and on the date stated above.					
23a. SIGNATURE T. E. Rusan, M.D.		23b. ADDRESS Webster Groves 19, MO.		23c. DATE SIGNED 6-30-59	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/3 1959		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.	
24d. LOCATION (City and State) Webster Groves 19, MO.		24e. LOCAL HEALTH OFFICER'S SIGNATURE Loan Smith, M.D.		24f. LOCAL HEALTH OFFICER'S ADDRESS 408 S. Fillmore	
DATE REC'D BY LOCAL REG. JUL 1 59		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill	
				ADDRESS 408 S. Fillmore	

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.....



Licensed Embalmer No. 4441
P. O. Address 408 S. Fillmore

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.