

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003458

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 784

STATE FILE NUMBER

AMENDED

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			c. CITY OR TOWN <u>#10 Hawthorne Ct.,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>			Length of stay in 1b <u>6 weeks</u>			c. CITY OR TOWN <u>#10 Hawthorne Ct.,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>Kirkwood</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>Kirkwood</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>GERTRUDE</u> Middle <u>M.</u> Last <u>BASS</u>						4. DATE OF DEATH Month <u>JANUARY</u> Day <u>16</u> Year <u>1962</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/29/02</u>		9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Albert F. Sommers</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dietz</u>				14. NAME OF HUSBAND OR WIFE <u>R. Kenneth Bass</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT <u>R. Kenneth Bass, 10 Hawthorne Ct. Kirkwood, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC PYELONEPHRITIS</u>										INTERVAL BETWEEN ONSET AND DEATH <u>20 YEARS</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>600-0</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <u>NOV. 28, 1961</u> to <u>JAN. 16, 1962</u> and last saw her/him alive on <u>JAN. 16, 1962</u> Death occurred at <u>10:05 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>E. Vermillion, M.D.</u> (Degree or title)						22b. ADDRESS <u>BARNES HOSPITAL</u>			22c. DATE SIGNED <u>1/17/62</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>1/19/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>						
24. FUNERAL DIRECTOR <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>JAN 18 1962</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>						

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Francis J. [Signature]
Licensed Embalmer No. 4512

P. O. Address Richwood, W. Va.

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.