REC'D JUN 12 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

16554
Do not use this space.

791

1. PLACE OF DEATH
(a) County 3 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 4088
(c) or City St. Louis, Mo. (d) Street No. en route H.G. Phillips Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 MAMIE BASS
(a) Residence, No. 2706 Stoddard St. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Fe
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Willie Bass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: About 50 YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis, Tenn.

FATHER
13. NAME: Lewis Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vicksburg, Miss.

MOTHER
15. MAIDEN NAME: Littie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis, Tenn.

17. INFORMANT (ADDRESS): Willie Bass #2706 Stoddard St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis, Tenn. DATE May 6, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): A.L. Beal Und. Co. 2726 Lucas Av.
20. FILED MAY 3 1939 J. F. Bredeck Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

no attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis; | |
| Chronic Interstitial Nephritis. | |

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury see above
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Alfred J. Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bridie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**