

FILLED JUL 21 1941

STANDARD CERTIFICATE OF DEATH

State File No. 4655

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
in shed opposite 11527 Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 31 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3026 Webster
3062a Sheridan Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1941 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration
from shotgun wound of abdomen and
Ileum and left external iliac artery
Due to inflicted at the hands of one
Dave McLaurin, Col., in shed opposite
Due to 1527 Webster Avenue, about 4:40
o'clock P.M., May 31st, 1941.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations HW
Of autopsy MS
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 31st, 1941
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
21 In Public Place
(Specify type of place)

While at work? _____ (e) Means of injury 3
23. Signature Thomas J. Callender (M. D. or other)
Address Deputy Coroner Date signed 6/4/41

3. (a) PRINT FULL NAME JAMES BASS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zula Bass 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased June 7, 1919
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days _____ If less than one day hr. _____ min. _____

9. Birthplace St Louis U Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name James A Bass
13. Birthplace St Louis U Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ida Campbell
15. Birthplace St Louis U Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Melba Galor
(b) Address 1726 Glasgow

17. (a) _____ (b) Date thereof 6-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director JDRichardson
(b) Address 2625 Glasgow

19. (a) JUN 4 - 1941 (b) J. T. Brebeck
(Date received local registrar) (Registrar's signature)

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

0
7
9

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 *W. Richardson*
Licensed Embalmer No. *2928*
P. O. Address *2625 Glasgow*

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 this body is not embalmed, fact should be so stated above.