

FILED DEC 8 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10181

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis Mo. ve.  
(If outside city or town limits, write "RURAL")

(d) Street No. 5551 Enright Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Johanna Bassist

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Max Bassist

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	72	--	--	hr. _____ min.

9. Birthplace Bonn Rhein Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Jacob Heimann

13. Birthplace \_\_\_\_\_ Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Regina Miller

15. Birthplace \_\_\_\_\_ Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Heimann

(b) Address St. Paul, Minn.

17. (a) Burial (b) Date thereof 11-22-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd

19. (a) NOV 21 1943 (b) J. F. Brudeck  
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19  
year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 19, 1943, to Nov. 19, 1943  
that I last saw her alive on Nov. 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage 2 days

Due to secondary anaemia

Due to etiology?

Other conditions 101  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Jos. H. [unclear] (M. D. or other) \_\_\_\_\_

Address Jewish Hosp Date signed 11-24-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 28 1945

---

---

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.....

*William Herons*

Licensed Embalmer No. *4319*

P. O. Address *5216 Delmar*

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.