

S. No. 2  
OM-5-43  
v. 5-17-39  
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21512

FILED JUL 12 1946

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 5759

1. PLACE OF DEATH:

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

(b) City or town ST. LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
JEWISH HOSP. ST. LOUIS 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 18 hours  
(Specify whether \_\_\_\_\_)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 517  
(If outside city or town limits, write "RURAL")

(d) Street No. 5861 Galois 9  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Bass

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased March 8 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29  
year 1946 hour 4 minute 15 AM.

21. I hereby certify that I attended the deceased from JUNE 28  
1946 to JUNE 29 1946

that I last saw h. ER. alive on JUNE 29 1946;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 3 21 hr. min.

Immediate cause of death CORONARY OCCLUSION PH  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_ 289.1  
(City, town, or county) (State or foreign country)

Other conditions GEN. ARTERIOSCLEROSIS  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

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

MOTHER FATHER { 12. Name Sydney Bass

13. Birthplace St. Louis 0  
(City, town, or county) (State or foreign country)

14. Maiden name Thompson

15. Birthplace 9  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Of autopsy AS ABOVE

16. (a) Informant Sydney Bass

(b) Address Chicago Ill

17. (a) Burial (b) Date thereof 6/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Sinai

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? \_\_\_\_\_

18. (a) Signature of funeral director Trayer

(b) Address 4356 Judell

19. (a) JUN 30 1946 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

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

23. Signature S. E. Schechter (M. D. or other) M. D.

Address 216 S. Kingshighway Date signed June 29 1946

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

---

---

**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

*Walter G. Koppa*

Licensed Embalmer No. 2971

P. O. Address.....

**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.**