THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041261

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11329

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 32 St. Lukes — Length of stay in 1b 4days 2	d. STREET ADDRESS 5231-A Palm (If outside, give location) 64 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First CALVIN Middle Last BASS		4. DATE OF DEATH Month Nov. Day 21, Year 1958	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb.20,1904
9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and state or country) Shelby, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ALBERT BASS		14. MOTHER'S MAIDEN NAME LULA (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Edith Bass, 5231-APalm,St.Louis,Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) malnutrition Mal Nutrition — INTERVAL BETWEEN ONSET AND DEATH Oct-58

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinoma of stomach Carcinoma of Stomach — op-2-58

DUE TO (c) 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Oct 3 - 1958, to 11-21-58 and last saw her/him alive on 11-21-58. Death occurred at 6:40 p 6:40 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth H. Huey M.D. Kenneth H Huey MD	22b. ADDRESS 5340 Delmar 5340 Del Mar	22c. DATE SIGNED 11-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/1/58	23c. NAME OF CEMETERY OR CREMATORY Sunset Garden of Memory
23d. LOCATION (City, town, or county) (State) Stookey Township, Ill.		
24. FUNERAL DIRECTOR Marion E Officer	ADDRESS 2114 Mo. Ave. E.St.Louis,Ill.	25. DATE RECD. BY LOCAL REG. NOV 24 '58
26. REGISTRAR'S SIGNATURE Earl Smith MD MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Prokopf

Licensed Embalmer No. 43

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.