MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9683 63-037349 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED OCT 4 1963

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 — Length of stay in 1b 25 YRS

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4286 Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Annetta Middle Last Bass

4. DATE OF DEATH Month 9 Day 25 Year 63

5. SEX Fem. 6. COLOR OR RACE Negro 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH 11-11-1888 9. AGE (last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) Cario Ill 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Williams Lee Bass 13b. MOTHER'S MAIDEN NAME Della Diggs 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of se NO 16. [illegible] 17. INFORMANT Clemastine Diggs Address 3751 Finney

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Peritonitis (Generalized) — INTERVAL BETWEEN ONSET AND DEATH Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Abdominal Abscess

DUE TO (c) Carcinomatous Erosion into Large & Small Gut

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.9

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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 8-21-63 to 9-25-63 and last saw her alive on 9-25-63

Death occurred at 11:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew D. Spencer M.D. — 22b. ADDRESS 2601 N. Whittier — 22c. DATE SIGNED 9-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 10-1-63 — 23c. NAME OF CEMETERY OR CREMATORY Oak Dale — 23d. LOCATION (City, town, or county) Lemay (State) Mo.

24. FUNERAL DIRECTOR Price Funeral Home — ADDRESS 2829 Washington — 25. DATE RECD. BY LOCAL REG. SEP 28 1963 — 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	219	2	
3			
4	3		
5	0		
6			
7	1		
8	1		
9			
10			
11			
12	77-0		
13			

77

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 _____, Student Embalmer No. _____

x

working under my personal supervision.

Student _____ Signed Edward A. Flynn

Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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