

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1950

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40789

1. PLACE OF DEATH

County Registration District No. 1009
Township St. Louis Primary Registration District No.
City St. Louis (No. 12930) City Benjamin St. Ward) 10733

2. FULL NAME

(a) Residence, No. 3621 Murman Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 1867

7. AGE YEARS 73 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rice
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
13. NAME Mark Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mark Mason

MOTHER
15. MAIDEN NAME Mark Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mark Mason

17. INFORMANT Wm J. Mason (ADDRESS) City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Nov 10 50

19. UNDERTAKER J. J. Bredeck (ADDRESS) 2623 Cherokee St

20. FILED J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1950

I HEREBY CERTIFY, That I attended deceased from 11/3, 1934, to 11/7, 1950

I last saw him alive on 11/7, 1934 Death is said to have occurred on the date stated above, at 4:45 in.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis of Peritoneal Cavity (Origin Unknown)
Other contributory causes of importance: 5 2

Name of operation Exploratory Laparotomy date of 11/7
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Yes
(Signed) J. J. Bredeck, M. D.
(Address) City St. Louis

