DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 231

231

FEB 17 1940

Registration District No. 701

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 1003

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3548 Sidney
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LELLIE M. MASON 250.

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 widowed

6. (b) Name of husband or wife H. Shelby Mason

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

7. Birth date of deceased May (Month) 12 (Day) 1872 (Year)

8. AGE: Years 67 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER

12. Name D. J. Puckett

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

MOTHER

14. Maiden name Julia Brickey

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

16. (a) Informant's own signature Joe D. Mason

(b) Address 3548 Sidney St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/40 (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JAN 9 1940 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 8th year 1940 hour 9 minute 55 P M.

21. I hereby certify that I attended the deceased from Nov 13th, 1939, to Jany 8th, 1940; that I last saw her alive on Jany 8th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Arteriosclerosis Thrombosis	3 hrs.
Due to Acute Exacerbation of Chr. Cholecystitis	7 wks
Due to and Cholelithiasis	Northern
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations G.B. Thickened & inflamed Rouge Stone in ampulla

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Matlock (M. D. or other) MD

Address 4030 Chouteau Date signed 1-9-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

1 X19311

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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo

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, above space should be left blank.