No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36629

State File No.

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 8858

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hospital D
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis C NR

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 9943 Sadie Ave. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Mason (2)

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Infant D

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased Nov. (Month) 5 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 30 min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri D (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joel Mason
13. Birthplace (City, town, or county) Nebraska 1 (State or foreign country)

MOTHER
14. Maiden name Elsie Johnson
15. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Joel Mason
(b) Address 9943 Sadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) NOV 8 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5
year 41 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from 11-5 1941 to 11-5 1941
that I last saw him alive on 11-5-41 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature (6 Mo)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 O. Reich (M. D. or other) M.D.

Address Kimmswick Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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