

S. No. 2
1-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13093

FILED MAY 9 1944 18

State File No. 3980

Registration District No. Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 2142 Spruce
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luella Mason
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24, year 1944 hour 3 minute 30 A.M.

4. Sex Female Color Col
6. (a) Single, widowed, married, divorced, or widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 22, 1886

21. I hereby certify that I attended the deceased from April 20, 1944 to April 24, 1944 that I last saw her alive on April 24, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 4 Days 2 If less than one day hr. min.

Immediate cause of death: Chr. Cardio-renal disease with generalized anasarca
Duration: Unk.

9. Birthplace Tenn
10. Usual occupation House Work at Home

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name Achie Wimpsey
13. Birthplace Tenn
14. Maiden name Mollie O'Connell
15. Birthplace Tenn

Major findings:
Of operations
Of autopsy

16. (a) Informant Mollie Ketchum
(b) Address 1114 Armstrong
17. (a) Burial (b) Date thereof 4/29/44
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. A. Green
(b) Address 2915 Franklin Ave.
19. (a) APR 29 1944 (b) J. F. Bredek

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Luella Mason (M. D. or other)
Address 260. W. ... Date signed 4/24/44

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.