

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7065

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:  
AT HOME 3856 WINDSOR PLACE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 CITY WEEKS  
(Specify whether)

In this community 4 WEEKS  
years, months or days

8. (a) PRINT FULL NAME ROBERT MASLEY JR.

8. (b) If veteran, NO name war \_\_\_\_\_

8. (c) Social Security No. 425-32-0113

4. Sex MALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNA MAE MASLEY

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased FEB 12 - 1923  
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Glendora Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation PRESSER IN LAUNDRY

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ROBERT MASLEY

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name MARY McCLAIN

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

16. (a) Informant's own signature Mrs. P. W. Masley

(b) Address 3856 WINDSOR PLACE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 8-17-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Mrs. Adams

(b) Address 3849 Windsor Place

19. (a) AUG 14 1944 (Date received local registrar)

J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_

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

(d) Street No. 3856 WINDSOR PLACE  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion

Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 7-2-44

PHYSICIAN \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Month of injury \_\_\_\_\_

23. Signature James J. Fitzhugh (M. D. or other) \_\_\_\_\_

J. Carolee \_\_\_\_\_ Date signed 8-14-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
50M-517-39  
REVISED 1-1-38

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.

*Embalmer separate cert to be filed*

AUG 14 1944

**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, above space should be left blank.**