S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42715

FILED DEC 17 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10410

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: 1465 HICKORY ST. (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:

(a) State MISSOURI (b) County 6 00

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 22

(d) Street No. 1465 HICKORY ST (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John MASTERSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CLARA MASTERSON

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

7. Birth date of deceased MAY 8 (Month) 1885 (Day) (Year)

8. AGE: Years -61- Months 6. Days ~~25~~ 24 If less than one day hr. min.

9. Birthplace NEW JERSEY (City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER-SERVICE MAN

11. Industry or business WALLACE TIERNEN CO.

FATHER
12. Name PATRICK MASTERSON
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant CLARA MASTERSON

(b) Address 1465 HICKORY LANE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 6 1946 (Month) (Day) (Year)

(c) Place: burial or cremation NEW S.S. PETER & PAUL

18. (a) Signature of funeral director Thos Lutis & Son

(b) Address 2906 GRAVOIS

19. (a) DEC 5 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1946 hour 6 50 minute P. M.

21. I hereby certify that I attended the deceased from May 8 1946, 19, to 12-3, 1946 that I last saw him alive on 12-3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	1 da
Due to Diabetes	3 yrs.
Due to /	
Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)	5 yrs.

Major findings: Of operations —

Of autopsy No 61

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 F. J. Swehosky (M. D. or other) MD

Address 2528 So Jefferson Date signed 12-4-46

(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.

Signed Leo J. Budde

Licensed Embalmer No. 3989

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, fact should be so stated above.