No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25829

FILED AUG 15 1947

Registration District No. 398

Primary Registration District No. 1003

Registrar's No. 7219

1. PLACE OF DEATH:

(a) County ST. LOUIS 5
(b) City or town ST. LOUIS 5
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LITTLE SISTERS POOR ~~1125 Hebert~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution N. Florissant (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. ~~3225 Hebert St.~~ 20 N. Florissant 9
(If [illegible] location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWIN MASON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, ~~widowed, married, divorced~~ SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased DECEMBER 1 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 1 If less than one day hr. min.

9. Birthplace MINEAPOLIS MINN.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business NIL

FATHER
12. Name EDWARD H MASON
13. Birthplace DIXON ILL.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMMA E. MATHEWS
15. Birthplace GALENA ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Mason
(b) Address 730 Dover Place

17. (a) Cremation (b) Date thereof AUG 4/47
~~(Burial, cremation, or removal)~~ (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation MISSOURI Crematory

18. (a) Signature of funeral director E. J. Schmid
(b) Address 3125 Lafayette av.

AUG 4 1947 (b) J. F. Bradeck
~~(Date received local registrar)~~ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1947 hour 7.30 minute A.M.

21. I hereby certify that I attended the deceased from July 19, 1947, to Aug 2, 1947, that I last saw him alive on Aug 1, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions Chr. Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature D. A. A. Neel (M. D. or other) MD
Address 3901 W. Florissant Date signed 8-2-47

Jefferson City Printing Co.

(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 Jos B Hollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.