

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2781

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>30</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis</b>		2049					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1401 McCausland</b>				d. STREET ADDRESS (If rural, give location) <b>1401 McCausland</b>							
3. NAME OF DECEASED (Type or Print) <b>JOHN E. MASSEE</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 2, 1950</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB. 13, 1876</b>					
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MAIL CARRIER</b>			11. BIRTHPLACE (State or foreign country) <b>ST. Louis, Mo</b>					
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>GEORGE E MASSEE</b>		13b. MOTHER'S MAIDEN NAME <del>BEATRICE BARBOCK</del>		14. NAME OF HUSBAND OR WIFE <b>BEATRICE BARBOCK</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>- NONE -</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FLORENCE DAVIES</b>				ADDRESS <b>6452 ALAMO</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) making the underlying cause last.  DUE TO (b) <b>Cerebral Apoplexy</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>ST. LOUIS MO</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>3:30 PM</b>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1155P</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>Paul B Taylor</b>				(Degree or title) <b>Dr</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1-3-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>NO BURIAL</b>		24b. DATE <b>JAN 4, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>					
DATE REC'D BY LOCAL REG. <b>JAN 3 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lancaster</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Coyle</b>					
						ADDRESS <b>7146 Manchester</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*J. Allen Davis Jr.*  
Licensed Embalmer No. *1053*

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.