

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. 14785
3571

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo		c. LENGTH OF STAY (In this place) 20 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. P.A.C. Hosp.				d. STREET ADDRESS (If rural, give location) 17 3023 Eads			
3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) - c. (Last) Masterson			4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1950				
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 13 1877		9. AGE (In years) (last birthday) 72 if UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker			10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Adolph Masterson			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Catherine Masterson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Masterson 3023 Eads			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver (Primary) ANTECEDENT CAUSES Cirrhosis Liver? Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" 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) 155A (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar. 27, 1950 , to Apr 17, 1950 , that I last saw the deceased alive on Apr 17, 1950 , and that death occurred at 8:52 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert A. Buckstey M.D.				23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED Apr 17, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Apr. 20-50		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. ARR 18 1950		REGISTRAR'S SIGNATURE J. B. Sasser			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. SCHNUR 3125 Lafayette		

(Licensed Embellisher'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

Joseph Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.