

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3070

FILED JAN 26 1954

318

1003

Registrar's No. 56

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place) Years		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5308 N. Kingshighway		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 5308 N. Kingshighway		(If rural, give location) 2076	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Amanda	b. (Middle) Jene	c. (Last) Masters	(Month) (Day) (Year) Jan. 2, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, 1858
9. AGE (In years last birthday) 95		10. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Stuckey	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. George M. Masters, 5308 N. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown (Implications for Anterior Clinica)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
ANTECEDENT CAUSES Morbid 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. Infirmities of age		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from **12-13, 1953**, to **1-1, 1954**, that I last saw the deceased alive on **1-1, 1954** and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Albert H. ...	23b. ADDRESS 7-16 ...	23c. DATE SIGNED 1-1-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 1-5-1954	24c. NAME OF CEMETERY OR CREMATORY Morgan Cemetery	24d. LOCATION (City, town, or county) (State) Advance, Missouri
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DATE REC'D BY LOCAL REG. JAN 4 1954	REGISTRAR'S SIGNATURE VIA MOTOR J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.	ADDRESS 2161 E. Fair Ave.
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(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.....
Signature of Student Embalmer

Signed *Calvin M. Quase*

Licensed Embalmer No. *37*

P. O. Address *H. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.