

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2887**
Registrar's No. **0620**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Shroun
d. FULL NAME OF HOSPITAL OR INSTITUTION 2611 Walnut 1		e. STREET ADDRESS (If rural, give location) 2229 2611 Walnut	
3. NAME OF DECEASED (Type or Print) a. (First) Villie b. (Middle) Masley c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1955	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 28 Nov 1898
9. AGE (If years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Mechanics		10b. KIND OF BUSINESS OR INDUSTRY Auto Mechanic	11. BIRTHPLACE (City and State or Foreign Country) Ark
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME George Masley	
13b. MOTHER'S MAIDEN NAME Fernie Bennett		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Minnie Jackson ADDRESS 3920 Suller
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) Pulmonary Edema; (Carbon Monoxide Poisoning) Contrib. - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) Part thickens surface of body. (98 percent) suffered in fire, due to II. OTHER SIGNIFICANT CONDITIONS Could determine origin, eye shot near of 2711 Walnut St, approx	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1030 am, Jan 21, 1955	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St Louis Mo	21d. STATE (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 21 55 10³⁰	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9160	
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 1040A. , from the causes and on the date stated above. 10			
22a. SIGNATURE (Degree or title) Patrik E. Taylor, Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 27 Jan 55	24c. NAME OF CEMETERY OR CREMATORY Rockdale	24d. LOCATION (City, town, or county) (State) St Louis Co Mo
DATE REC'D BY LOCAL REG. JAN 22 1955	REGISTRAR'S SIGNATURE J. Earl Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE Rebelle Jewell ADDRESS 1221 No Taylor	

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 *Paul V. Freeman*.....

Licensed Embalmer No. *4686*

P. O. Address *47291 Sumner*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.