

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24086

State File No. _____
Registrar's No. **6309**

FILED AUG 15 1955

BIRTH NO. **60410-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | |
|--|-------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write BURIAL and give township) St. Louis City | | c. LENGTH OF STAY (In this place) Life | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hospital | | e. STREET ADDRESS (If rural, give location) 23 1111 Victor St. 22370 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) _____ c. (Last) MASON | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-21-1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | 8. DATE OF BIRTH 7-21-1955 | | 9. AGE (In years last birthday) Months Days Hours Min. 41 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Earl Mason | | 13b. MOTHER'S MAIDEN NAME Evelyn Mathews | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Mason 1111 Victor St. | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis, persistent ANTECEDENT CAUSES DUE TO (b) Multiple congenital defects DUE TO (c) Prematurity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Agonosis of kidneys | | | 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) (STATE) 7593 | | |
| 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? _____ | | |
| 22. I hereby certify that I attended the deceased from 7-21, 1955 , to 7-21, 1955 , that I last saw the deceased alive on 7-21, 1955 and that death occurred at 7A a.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) O. R. Kashie MD | | 23b. ADDRESS 3510 Central Clayton | | 23c. DATE SIGNED 7-21-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-22-1955 | 24c. NAME OF CEMETERY OR CREMATORY Dea Cemetery | 24d. LOCATION (City, town, or county) (State) Neasling, Mo. | | |
| DATE REC'D BY LOCAL REG. JUL 22 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul A. Thomsen Cuba, Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING FADING 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

Not Embalmed

Signed *Paul R. Hantke*

Licensed Embalmer No. *34*

P. O. Address *Suba, Pa.*

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.