

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22188

1. PLACE OF DEATH

County.....

Registration District No.....

79E

Township.....

Primary Registration District No.....

1003

City.....

St. Louis Mo. (No. *Sanitarius*)

File No.....

Registered No.....

6369

St..... Ward)

2. FULL NAME

Margaret Masterson

(a) Residence. No. *26510 Lafayette Ave* Ward. *13*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *57* yrs. + mos.

da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

about 57

YEARS

MONTHS

DAYS

If LESS than 1 day, *hrs.* or *min.*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Unknown

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Thomas Masterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT.....
(Address)

Joseph H. Stankel
5300 General

15.

FILED.....

May 15 1928

May C Stankel

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6/12/28 19

17.

I HEREBY CERTIFY, That I attended deceased from

7/21/23

to

6/12/28

19

that I last saw him alive on *6/12/28*, 19*28*, and that death occurred, on the date stated above, at *28* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho - Pneumonia

CONTRIBUTORY (SECONDARY)

Cellulitis of left foot (Staphylococcus) due to infection from bed sores

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Joseph H. Stankel*

6/12/28, 19

(Address)

5300 General

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Parlour

6-15 19 *28*

20. UNDERTAKER

South

ADDRESS *7310*

S Bdy

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

