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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 16037

Township ..... Primary Registration District No. 1003 Registered No. 4065

City St Louis Mo (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Martha A Masterson

(a) Residence. No. 3117 N. Newstead St., 10 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Masterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1861

7. AGE: Years 67 Months 4 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Garrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Agnes McCluskey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland

14. INFORMANT Mrs Aubrey Phillips
(Address) 3117 N. Newstead St

15. FILED APR 5 1929 Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1929

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to April 4, 1929, that I last saw h. alive on April 3, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
91A
57A
(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic alcohol
(duration) 1 yrs. 6 mos. — ds.

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? Clinical

(Signed) Edwin H. Engel M. D.

4-5- 1929 (Address) 35 35 - A. Kennerly

*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 Jacksonville Cemetery — DATE OF BURIAL 4/5/ 1929

20. UNDERTAKER Bergsiek Mfg Co 3661 Washington Av — ADDRESS

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.

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