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.

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

Do not use this space.

19834

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 19834

Township ..... Primary Registration District No. 1003 Registered No. 5448

City ..... (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Charles W. Massee

(a) Residence. No. Forest Park Hotel St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7. 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	-	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grain Merchant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER William Massee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Laura Davenport

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Anna Lola Massee (Address) Forest Park Hotel

15. FILED MAY 16 1929, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15- 1929

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1929, to May 15, 1929 that I last saw him alive on May 15, 1929 and that death occurred, on the date stated above, at 1.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cronic Interstitial Nephritis

131

930 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis

(duration) yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Wm J Langan, M. D

(Signed) 5-16, 1929 (Address) 2806 N Grand av

*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 Calvary Cemetery DATE OF BURIAL 5-18 1929

20. UNDERTAKER Geo. E Mahler ADDRESS 4725 St Louis Ave