

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

Do not use this space.

14977

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City 1003**) St. .... Ward .....

File No. ....  
Registered No. **4990**  
St. .... Ward .....

**2. FULL NAME**

**684**  
(a) Residence. No. **4222 Delmar** St. .... Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>April 28 - 1930</b>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
			<b>1</b>	<b>1</b>
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work.....				
(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 <b>Carl Masmer</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>
	12. MAIDEN NAME OF MOTHER <b>Dorothy Strath</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>

14. INFORMANT **Order**  
(Address) **City Hospital**

15. FILED **MAY 21 1930**  
19. **Max C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 29 1930**  
17. I HEREBY CERTIFY That I attended deceased from **April 28** to **April 29 1930** that I last saw him alive on **April 29 1930** and that death occurred, on the date stated above, at **5:10 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Immaturity**  
**about 5 1/2 to 6 months**  
**150** (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) **16/21** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **Ben Margulies M.D.**  
**4/30 1930** (Address) **City Hospital**  
\*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 **POTTERS FIELD** DATE OF BURIAL **5-22-1930**

20. UNDERTAKER **Thomas C. Masmer** ADDRESS

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.

Masner.

32