

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

Do not use this space.

20637

20505

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis. (No. 4255 So. Broadway.)

File No.

Registered No. 5408

St. Ward)

2. FULL NAME

Anna M. Mason.

(a) Residence. No. 4255 So. Broadway. St. 15 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)

Married.

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

Charles E. Mason.

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

Nov. 24, 1871.

7. AGE

YEARS
58

MONTHS
6

DAYS
8.

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

At home.

(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)

Mo.

10. NAME OF FATHER

George Sabbath.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany.

12. MAIDEN NAME OF MOTHER

Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dont Know.

14.

INFORMANT Charles E. Mason

(Address) 4255 So. Broadway

15.

FILED JUN -3 1930

19.....

REGISTRAR W. E. Barker

MEDICAL CERTIFICATE OF DEATH

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

June 2 1930

17.

I HEREBY CERTIFY, That I attended deceased from 27th of May, 1930, to 29th of June, 1930 that I last saw her alive on 1st of June, 1930, and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia.
1930

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) George W. Booth, M. D.

3rd of June, 1930 (Address) 2266 S. Cropp Ave.

*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

June 5, 1930

20. UNDERTAKER

W. E. Barker & Co. 2842 Meramec.

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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