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

Do not use this space.

40560

File No. 10

Registered No.

1. PLACE OF DEATH

County: St Louis — Registration District No. 785

Township: — Primary Registration District No. 3037

City: Kirkwood Mo. No. 301 Leffingwell St. Ward)

2. FULL NAME Francis Lorraine Masters

(a) Residence. No. 301 - Leffingwell Ave St. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June. 25 - 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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) Missouri

PARENTS

10. NAME OF FATHER John - Masters

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

12. MAIDEN NAME OF MOTHER Margaret - Klamberg

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

14. INFORMANT John Masters
(Address) 301 Leffingwell Ave

15. FILED 1-10, 1931 C. E. Barnett M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/1 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/1, 1930, to 12/1, 1930, that I last saw h. alive on 12/1, 1930, and that death occurred, on the date stated above, at 5 15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
(Bilateral)
107A
63 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Rickets
(duration) yrs. 17 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? Examination

(Signed) [illegible], M. D.

12/1, 1930 (Address) Kirkwood, Mo.

*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: Oak Hill Cemetery — DATE OF BURIAL: Dec. 3 1930

20. UNDERTAKER: Louis H Bopp — ADDRESS: Kirkwood Mo

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD