

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

Do not use this space.

16047

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 2945th Madison) St. Ward

File No.
Registered No. **4523**
St. Ward

2. FULL NAME

Elizabeth Masey
(a) Residence. No. 2945th Madison 210 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James M.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 17-1840</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at home</u> (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) Indiana 20

PARENTS

10. NAME OF FATHER <u>Jacob Rice</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
12. MAIDEN NAME OF MOTHER <u>Nancy Baumann</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>

14.

INFORMANT Mrs Anna Stille
(Address) 2945th Madison St.

15.

FILED May 1 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1931
17. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1931, to Apr 14, 1931. that I last saw her alive on Apr 14, 1931, and that death occurred, on the date stated above, at 4:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
106
98 C
(duration) yrs. mos. 3 ds.
CONTRIBUTORY Ch. Myocarditi
(SECONDARY) (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) C. Heischmidt, M. D.
, 19 (Address) 520 Metropolitan Bldg

*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

DATE OF BURIAL

Sharif, Ind Apr 14 1931
20. UNDERTAKER
Alton W. ... ADDRESS 2107 N. Grand

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.

