

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

Do not use this space.

10051

1. PLACE OF DEATH  
 County: Saint Louis Registration District No. 1170 File No. \_\_\_\_\_  
 Township: \_\_\_\_\_ Primary Registration District No. 6248th Registered No. 53  
 City: 1025 Yale (No. Richmond 15mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Masterson  
 (a) Residence, No. 1025 Yale St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 5 12

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

FATHER  
 13. NAME James Gallagher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
 15. MAIDEN NAME Elizabeth Gallagher  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Thom. Masterson  
1025 Yale

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/9 32

19. UNDERTAKER (ADDRESS) Josephine Yunes  
6300 So Grand Blvd

20. FILED 3/8 19 32 B L Jensen  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to March 8, 1932  
 I last saw her alive on March 7, 1932. Death is said to have occurred on the date stated above, at ? m.  
 The principal cause of death and related causes of importance were as follows:  
Acute obstruction of intestines Date of onset Feb 29 1932  
Inflammation of intestines Mar 15 1932

Other contributory causes of importance:  
Inflammation of intestines

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) J. W. Macdonald, M. D.  
 (Address) 539 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.

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

62-5-14 APR 29 1934

CAUSE  
11-9-81

It may be  
referred to

ON 11-9-81  
RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 1170

File No. ....

Township Richmond Ste

Primary Registration District No. 624898

Registered No. 53

City Richmond Ste (No. ....) St. .... Ward)

**2. FULL NAME**

Elizabeth Masterson

(a) Residence, No. .... St. .... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1869

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs.	min.
<u>X</u>	<u>62</u>	<u>5</u>	<u>14</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5/12 1932 B. L. Jersey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1932

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw h. .... alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

**SUPPLEMENTARY**

WRITE PLAINLY, WITH SUPPLIED. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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