

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

Do not use this space.

17561

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. 1745 A. Nicholson Place) St. _____ Ward _____

File No. _____
Registered No. 4474
St. _____ Ward _____

2. FULL NAME Robert M. Mason

(a) Residence, No. 1745 Nicholson Place 23 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sophia Mason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-10-1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 | 1 | 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 231
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant O.T. Hodge
10. Date deceased last worked at this occupation (month and year) May-1932 11. Total time (years) spent in this occupation _____

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

13. NAME Robert Mason

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) Sophia Mason 1745 Nicholson Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcuse May-9-1932

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 1637 Missouri Ave

20. FILED MAY -7 1932 Max @ Strickland Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-6-1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to May 6th, 1932. I last saw him alive on May 6th, 1932. Death is said to have occurred on the date stated above, at 11 P.m.

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

Angina Pectoris Date of onset 5/6-32
94A
93A 94B
Other contributory causes of importance: _____

acute myocarditis Date of onset 5/1-32
Name of operation none Date of _____
What test confirmed diagnosis? clinical symptoms Was there an autopsy? no

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.P.A. Finck, M. D.
(Address) 1544 So Broadway

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.

