

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

Do not use this space.  
**24279**

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
**1003**  
Primary Registration District No. **St. John's Hosp**

File No. ....  
Registered No. **6396**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **4143 McPherson** St., **19** 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 <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Late Mollie Masterow</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>about 1871</b>		
7. AGE <b>about 61</b>	YEARS <b>27</b>	MONTHS <b>10</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Builder</b>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>		
13. NAME <b>Dennis Masterow</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
15. MAIDEN NAME <b>Mary Mc Donald</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>		
17. INFORMANT <b>Thomas Masterow</b> (ADDRESS) <b>4143 McPherson</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>7-12</b> 19 <b>32</b>		
19. UNDERTAKER <b>Kriegerhauser</b> (ADDRESS) <b>4228 W. Kingshighway</b>		
20. FILED <b>11</b> 19 <b>32</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9** 19**32**

22. I HEREBY CERTIFY, that I attended deceased from **June 21** 19**32** to **July 9** 19**32**  
I last saw him alive on **July 9** 19**32** Death is said to have occurred on the date stated above, at **4:30 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**1. Carcinoma of Bile ducts**  
**2. Jaundice (mechanical)**  
**4.6 E obstructive type**  
**13.7 A**  
**12.5 B**

Date of onset **6 mo** ago

Other contributory causes of importance:  
**1**

Name of operation **Cholecystectomy** Date of **July 3-32**  
What test confirmed diagnosis? **Operation** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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?.....  
If so, specify **Cholecystectomy**  
(Signed) **W. Hammond**, M. D.  
(Address) **11 Wall 13th**

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.

Rev J. P. Kemmer  
1935 Pa