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

Do not use this space.

24421

File No.

Registered No. ~~5925~~ 128

**1. PLACE OF DEATH**

9½ County St. Louis, Registration District No. 1170

7 Township Richmond Heights Primary Registration District No. 62487

7 City (No. 1025 Yale Ave. St. Ward)

**2. FULL NAME** Thomas J. Masterson,

(a) Residence, No. 1025 Yale Ave. St., Ward. Richmond Heights, Mo.
(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.

AUG 30 1933

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1856

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 76 | 11 | 3 | |

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elgin, Ill.

FATHER

13. NAME Andrew Masterson

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

MOTHER

15. MAIDEN NAME Katherine Furlong

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

17. INFORMANT (ADDRESS) Mrs E. D. Lux 1025 Yale Ave - Richmond Heights

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 7-7- 1933

19. UNDERTAKER (ADDRESS) Southern Und Co. 6320 S. Grand

20. FILED JUL -6 1933 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1933, to July 4, 1933

I last saw him alive on July 4, 1933. Death is said to have occurred on the date stated above, at 1:20 m. p.m.

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

Arterio-Sclerosis with Cerebral Hemorrhage (Right side)

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation none Date of

What test confirmed diagnosis? Physical Exam 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? —

If so, specify

(Signed) E. J. Javaux, M. D.

(Address) 539 No Grand Ave.

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

Dr. Javant
Humboldt Bldg.

Jeff ~~5928~~
9284