

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 790File No. 14144Township St. LouisPrimary Registration District No. 60339Registered No. 103City St. Louis (No. St. Louis County Hosp.)St. Ward

2. FULL NAME

Lola Masters(a) Residence, No. 1522 Valle Ave. Wellston, Mo. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

July 28 - 1880

7. AGE

YEARS

53

MONTHS

4

DAYS

18

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Seamstress

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

Steinberg

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)

Bawling Green, Mo.

FATHER

13. NAME

Samuel Masters

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

West Virginia

MOTHER

15. MAIDEN NAME

Anna Kerley

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

Montgomery Co.

17. INFORMANT

Anna Masters(ADDRESS) 1522 Valle Ave. Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bawling Green, Mo. DATE April 13, 1934

19. UNDERTAKER

E. B. Elmer(ADDRESS) Bawling Green, Mo.

20. FILED

4/111934John J. Chubbuck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 11, 193422. I HEREBY CERTIFY, That I attended deceased from 2 - 14, 1934, to 4 - 11, 1934I last saw him alive on 4 - 11, 1934. Death is saidto have occurred on the date stated above, at 6:15 a.m.

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

Carcinoma of pelvic organs6/12/34
15/10/34
5/10/34

Date of onset

Other contributory causes of importance:

Partial intestinal obstructionName of operation ileostomy Date of 2-16-34What test confirmed diagnosis? Operation Was there an autopsy? No23. 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) R. B. Karm, M. D.(Address) St. Louis County Hospital

CAUSE OF DEATH

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

#2

St. Louis Co

14144

103

Exact statement of OCCUPATION is very important. Write in plain terms, so that it may be properly classified.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Lola Masters*

Who died at *St. Louis County Hosp* on *April 11 - 1934*

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *53* Months *4* Days *18*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year *1934*

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Carcinoma of pelvic organs*

Common Ca of Ovary (At + left)

Partial intestinal obstruction

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician *L. C. Kemp*

Address of physician *St. Louis Co Hosp*

Signature of Registrar *Robert J. Anbrust*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaughlin M.D.
yc

Reg. Dist. No. *790*

Primary Reg. Dist. No. *6033*

Special Agent.

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/54

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible]

S-14144

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]