

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

Do not use this space.

31001

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

SEP 13 1934

Registration District No. 791

Primary Registration District No. 1003

(No. 4414, S. Broadway

File No.

Registered No. 8267

St. Ward)

2. FULL NAME Frances I. Mason

(a) Residence, No. 4414 S. Broadway St. 15 Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR Divorced <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>69</u>	<u>4</u>	<u>6</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House Work</u>
	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) Carlinville
(STATE OR COUNTRY) Ill.

13. NAME Henry Fricke

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hugo H. Mason (son)
(ADDRESS) 4414 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Aug. 14 1934

19. UNDERTAKER Wm. Schumacher
(ADDRESS) 3013 Jerome St.

20. FILED JUG 13 1934
H. B. Briedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 11 AM, 1933, to Aug 12, 1934
I last saw him alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 3:05 AM.

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

Carcinomatous primary in st. breast
50
50
Other contributory causes of importance: 50

Date of onset

Aug 1930

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 _____, 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) Robert, M. D.

(Address) 3720 Washington

