

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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Firmin Desloge (Hosp.)**

File No. **18320**

Registered No. **4896**

St. .... Ward

2. FULL NAME **Maurice Francis Masters, Jr.**

(a) Residence, No. **H. 20 THRIFT** St. **NR** Ward. **Riverview Gardens Mo.**  
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Newborn**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **NIL**  
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) **St. Louis, Missouri**  
(STATE OR COUNTRY)

13. NAME **Maurice Francis Masters**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Hazel Lorine Hale**

16. BIRTHPLACE (CITY OR TOWN) **Marquand, Missouri**  
(STATE OR COUNTRY)

17. INFORMANT **MAURICE MASTERS**  
(ADDRESS) **420 Thrift Str.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MARQUAND MO** DATE **5-15 1937**

19. UNDERTAKER **ALBERT H. HOPPE INC**  
(ADDRESS) **429 NO. EUCLID**

20. FILED **MAY 14 1937** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 10 1937**, to **May 10 1937**

I last saw him alive on **May 10 30 1937**. Death is said to have occurred on the date stated above, at **10:20 a.m.**

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

**Prematurity**

Date of onset

Other contributory causes of importance:

**Maternal toxemia**

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) **John J. Breen**, M. D.

(Address) **1325 S. Grand**

