

JAN 24 1938

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

46624
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Co Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 603.0
 (c) City W. Walnut - Manor (d) Street No. 6401 Lillian Registered No. 234
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6401 Lillian ave St. Jilders, Ill.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (~~Write the word~~) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Massa
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 4 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1937 to Dec 28 1937
 I last saw him alive on Dec 26 1937 Death is said to have occurred on the date stated above, at 11:50 p.m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
 10. Date deceased last worked at this occupation (month and year) Oct 1937 11. Total time (years) spent in this occupation 59
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) John Massa Belleville, Ill.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville DATE 12-28-1937
 19. FUNERAL DIRECTOR (ADDRESS) John Haeudner Belleville, Ill.
 20. FILED Dec 28 1937 W.A. Zeitler Local Registrar.

Coronary Arteriosclerosis left side, involving rt. Date of onset 12/26/37
 Other contributory causes of importance: hypertension (essential) unknown years
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) Dr. F. E. Farley
 (Address) 6673 Lillian St.

Licensed Embalmer's Statement on Reverse Side
G. Smith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, William G. Buckholz, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buckholz

Buckholz, I. E.

No. _____ of By _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buckholz

Licensed Embalmer No. 2115

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)