

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

46684
Do not use this space.

1. PLACE OF DEATH **JAN 24 1938'**
 (a) County St. Louis, Registration District No. 789
 (b) Township Central Primary Registration District No. 6033 Registered No. 354
 (c) City Pine Lawn, (d) Street No. 4301 Rosewood Ave. St.
 (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 Pauline F. Mason.
 (a) Residence, No. 4301 Rosewood Ave. St.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Dec 22, 1937

I last saw him alive on Dec 22, 1937 Death is said to have occurred on the date stated above, at 6:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1867.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 4

Cerebral Hemorrhage Date of onset

OCCUPATION 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. 23
 10. Date deceased last worked at this occupation (month and year) 23
 11. Total time (years) spent in this occupation 23

Other contributory causes of importance:
Acute Indigestion and Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri.

FATHER 13. NAME Walter Zollack. 31

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 31

MOTHER 15. MAIDEN NAME Dont Know.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Miss Natalie Hallett
6208 Dante Ave Chicago Ill

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery DATE December 24, 1937

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.

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Pleitach Inc
5944 Easton Ave

Manner of injury _____
 Nature of injury _____

20. FILED 12-23- 1937 Ed. Bochner
 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) G. C. Emerson, M. D.
 (Address) 3870 Easton

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

Dr. G. C. Emerson.
3870 Easton Ave.
3 to 4 P.M.

Newstead 1158.

STATEMENT BY LICENSED EMBALMER

I, Leonard W. Ferguson, Licensed Embalmer No. 2678
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Henry Brimmer, Registered Apprentice No.
working under my personal supervision.

Signed Leonard W. Ferguson
Licensed Embalmer No. 2678

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