

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH543
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791** *7*
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **1829 Lafayette Ave.** Registered No. **399**
 (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 **John Fiske Mason 250**

(a) Residence, No. **1829 Lafayette Ave.** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May, 16th, 1857.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Unemployed (14)**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Watchman**
 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) **Kentucky**

FATHER 13. NAME **Eugene A. Mason**

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

MOTHER 15. MAIDEN NAME **Mary Glessner**

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

17. INFORMANT **Josephine Mason**
 (ADDRESS) **1829 Lafayette Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Jan. 13th, 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**
 (ADDRESS) **1829 Lafayette Ave.**

20. FILED **JAN 12 1938** **J. P. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January, 11 - 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 8th, 1938** to **Jan 11th, 1938**

I have seen him alive on **Jan 10th, 1938**. Death is said to have occurred on the date stated above, at **8 A. M.**

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

Broncho Pneumonia Date of onset **1/7/38**

93C
 Other contributory causes of importance:
Acute Myocarditis caused by chr. myocarditis **11/9/38**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **J. P. Gallagher**, M. D.
 (Address) **West Bldg. 3903 Olive**

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)