

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

30907
Do not use this space.

REC'D OCT 12 1938

791
1003

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Missouri Pacific Hosp.
(e) Length of residence in city or town where death occurred 20 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8344

2. PRINT FULL NAME John Henry Masterson

(a) Residence, No. Fairfield, Illinois St. RR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Husband of Agnes Masterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Fireman
9. Industry or business in which work was done, as saw mill, bank, etc. T. R. R. A.
10. Date deceased last worked at this occupation (month and year) Jan. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) White County
(STATE OR COUNTRY) Illinois

FATHER 13. NAME James Masterson
14. BIRTHPLACE (CITY OR TOWN) Edward Co.
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Sophie Short
16. BIRTHPLACE (CITY OR TOWN) White Co.
(STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Agnes Masterson
(ADDRESS) 2040 Gano

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATH. GER. JEFF. BKS. DATE Spt. 24 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons
(ADDRESS) 3934 N. 20th St.

20. FILED 1938
J. Bredeck Local Registrar.

NONRESIDENT STATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Haemorrhage due to Fracture of Skull spine and ribs, due to being hit & thrown from Southern Railway Freight train by parties unknown between Fairfield and Golden Gate, Illinois,
Other contributory causes of importance:
about 11:00 P.M. September 20, 1938.

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 9.20.1938
Where did injury occur? near Fairfield, Ill.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred J. Perry
(Address) Jefferson

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.

OCT 20 1938

STATEMENT BY LICENSED EMBALMER

I, Geo. J. Schubert

Licensed Embalmer No.

2212

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

Myself

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Geo. J. Schubert

Licensed Embalmer No.

2212

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.)