

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
2-1939
AUG 3 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26818

State File No. _____
Registrar's No. 1319

Registration District No. 384
Primary Registration District No. 109

1. PLACE OF DEATH: 2
(a) County St. Louis County
(b) City or town Maplewood Mo.
(c) Name of hospital or institution: 7366 Elm Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Winnie M. Dillon Massey 200
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Lee Massey 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov. 20 1874
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife (f)

11. Industry or business 1

MOTHER FATHER { 12. Name Wm Derrington 1

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name DAVIS

15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed. Massey

(b) Address 7366 Elm

17. (a) Burial (b) Date thereof 7-24-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7454
19. (a) JUL 22 1939 (Date received local registrar) (Registry's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7366 Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20
year 1939 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 9 1939
July 9, 1939, to July 20, 1939;
that I last saw him alive on July 20 1939 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Cardiac Condition Duration years

Due to _____

Due to _____

Other conditions 920
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Vincent J. Romanick (M.D. or other)
Address 3101 1/2 Sutton Ave Date signed 7-22-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood, N.J.

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.)

If this body is not embalmed, above space should be left blank.