

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yrs. 5 mos. 23 days**
(Specify whether _____)
In this community **17 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. **City Infirmary**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21,**
year **1939** hour **3:00** minute **a** M. M.
21. I hereby certify that I attended the deceased from **Nov. 1,** 19**39,** to **Dec 21,** 19**39;**
that I last saw him alive on **Dec. 20,** 19**39;**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Carcinomatosis 1939 x
Primary site undetermined
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **53**
Major findings: _____
Of operations _____
Of autopsy **Yes**
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **George Mason** **250**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October** **1875**
(Month) (Day) (Year)

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

9. Birthplace **Unknown** **Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Unknown**
18. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John J. Ryan**
(b) Address **5740 Arsenal**

17. (a) **Cremation** (b) Date thereof **12-26-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Infirmary**

18. (a) Signature of funeral director **J. Ryan**
(b) Address **5800 Arsenal**

19. (a) **DEC 26 1939** (b) **J. B. Bieder**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(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 **Harry Baers** (M. D. or other) _____
Address **5400 Arsenal** Date signed _____

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.