S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20519

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5467

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

1. PLACE OF DEATH: FILED JUL 17 1940

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2Hrs. 18Min. (Specify whether
In this community 12 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Mo. (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 N. 20th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thelma Mason 250

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5- (Month) 16- (Day) 1940 (Year)

8. AGE: Years | Months | Days 7 | If less than one day 1 hr. 33 min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation 1

11. Industry or business

FATHER
12. Name Albert Mason 0
13. Birthplace Mobile (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Josephine Burton
15. Birthplace Mobley (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Esther Mayo Sherard
(b) Address 2601 N. Whittier

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept

19. (a) JUN 26 1940 (Date received local registrar) (b) J. F. Bledeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23
year 1940 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from 5/16/ , 1940 to 5/23 , 1940
that I last saw her alive on 5/23/ , 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Alba
Prob. Congenital Lues

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature G E Peace (M. D. or other)
Address 2601 N. Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.