U. S. No. 2
I—11-10-39
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22789

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1169

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2058 Bell Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 15 Years

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3. (a) PRINT FULL NAME Helen Katherine Masson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Archie C. Masson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 1. 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	11	18	hr. min.

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

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER 12. Name Mark Kelly

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Archie C. Masson

(b) Address 2058 Bell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook, Mo.

18. (a) Signature of funeral director [illegible]

(b) Address 2117 E. Grand Blvd.

19. (a) JUN 19 1940 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits write "RURAL")

(d) Street No. 2058 Bell Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from November 19 39, to June 19 1940 that I last saw her alive on June 18 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Spine	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations —

Of autopsy —

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 R. R. Menown (M. D. or other) MD

Address 5330 Geraldine Date signed 6/19/40

(Licensed Embalmer's Statement on Reverse Side)

5280 Geraldine

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.