

**FILED JAN 15 1941**

Registration District No. **7917**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2710A. Howard St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether)  
 In this community 75 years  
years, months or days

3. (a) PRINT FULL NAME Margaret Ann Massey

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Albert Massey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 8 - 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>13</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name John (Unknown)

18. Birthplace Dont know  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie

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

16. (a) Informant Albert Massey

(b) Address 2700 A. Howard St.

17. (a) Burial (b) Date thereof 12 3 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

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

(b) Address 2117 E. Grand

19. (a) DEC 2 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limit write "RURAL")  
 (d) Street No. 2710 A. Howard  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 1  
 year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from off and on for 6 years, 19\_\_\_\_;  
 that I last saw her alive on Nov. 15, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Mis- Carcinos Liver  
 Due to \_\_\_\_\_

Other conditions Seriously ill  
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]  
 Of autopsy \_\_\_\_\_

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)  
 Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 1120 Seward Date signed [Signature]

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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**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

*Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

**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.**