No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41129

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10900

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits write "RURAL")

(d) Street No. 4630 Page Ave.
0 (If rural, give location)

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

3. (a) PRINT FULL NAME Pearl Mastry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May (Month) 24 (Day) 1903 (Year)

8. AGE: Years 37 ~~45~~ | Months 7 | Days 5 | If less than one day hr. min.

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

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER
12. Name Isaac H. Williams 1
13. Birthplace Cole Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lydia Dillon
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Joseph H. Mastry
(b) Address 4630 Page Av.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/40 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29, 1940 ?:
year 1940 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from September 10, 1940, to December 29, 1940;
that I last saw her alive on December 29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis acute
Myocarditis Chronic

Due to Syphlis

Due to

Other conditions Central nervous system Syphlis
(Include pregnancy within 3 months of death)
Syphlis

Major findings:
Of operations None

Of autopsy None

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) None
(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 Henry E. Rosenberg (M. D. or other)
Address 4503 Page Blvd. Date signed 12/30/40

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

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.