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APR 3 1941 104
Registration District No.

Primary Registration District No. 3008

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mo. 20 da.
(Specify whether years, months or days)

In this community 9 mo. 20 da.

3. (a) PRINT FULL NAME Catherine Masterson

3. (b) If veteran, name war _____

3. (c) Social Security No. DK

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Masterson

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

7. Birth date of deceased September 12, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 8 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name David Purdy

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

14. Maiden name Mary Martin

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

16. (a) Informant Hospital records

(b) Address State Hospital No. 1

17. (a) Removed (b) Date thereof March 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Paul Bopp

(b) Address 3029 Lafayette St. Louis Mo.

19. (a) Mar. 20, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Poor Home for the Aged
6744 Anney Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1941 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 21st
1940, to March 20, 1941;
that I last saw her alive on March 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ralph Sank (M. D. or other) _____
Address Fulton Mo Date signed 3/20/41

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

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 J. Owens

Licensed Embalmer No. 2245

P. O. Address 3029 Lafayette St.

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, fact should be so stated above.