

No. 2
-1-4-41
-17-39
X26390

Registration District No. **791**

Primary Registration District No. **1003**

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 14 das
(Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 2/17
(d) Street No. 3400 Franklin
(If rural, give location) ?
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Byrd Mason

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

6. (e) Single, widowed, married, divorced W

6. (b) Name of husband or wife Unk

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 67 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Unk

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Helen G. Spotts

(b) Address Homer G Phillips Hospital

17. (a) Burial (b) Date thereof 6-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Ark

18. (a) Signature of funeral director Boyd Brothers Funeral

(b) Address 3704 Finney Ave

19. (a) JUN 18 1941 (b) J. D. Bredek
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1941 hour 2:25 minute A. M.

21. I hereby certify that I attended the deceased from April 21, 1941, to June 5, 1941;
that I last saw him alive on June 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Duration 3 wks

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? _____

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

23. Signature J. D. Bredek (M. D. or other) _____

Address 2601 Whittier Date signed _____

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

MOTHER FATHER

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.

[Handwritten Signature]
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, fact should be so stated above.