

FILLED NOV 14 1941

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **143**

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 24
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yr. 4 mo. 15 da
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co. 94
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6538 Crest Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maria H. Massa

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David Massa 6. (c) Age of husband or wife if alive Un. years
7. Birth date of deceased 1874
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. St. Louis, Mo.

18. (a) Signature of funeral director Stanley Marshall
(b) Address 3840 Lindell, St. Louis, Mo.

19. (a) Oct 12-41 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-22 1939 to 10-12 1941
that I last saw her alive on 10-12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 4 1/2 hrs

Due to strangulated post-operative hernia 4 1/2 hrs
Due to _____

Other conditions Psoriasis with cerebral arteriosclerosis 7 yrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 1270
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 C

23. Signature Paul Schneider (M. D. or other) MD
Address Farmington, Mo. Date signed _____

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.