

FILED MAR 31 1942

Registrar's No. **640**

Registration District No. **784**

Primary Registration District No. **111**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Richmond Heights Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1355 Mc Cutcherson / Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **Three years**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Richmond Heights Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1355 Mc Cutcherson Road**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ERNEST DEWEY MASON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **512-07-0360**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married **Married**

6. (b) Name of husband or wife **Mary Jane Mason** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **MAY 12 1899**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **10** Days **7** If less than one day hr. min.

9. Birthplace **Sedalia Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tower Man**

11. Industry or business **Terminal R. R. (Asst)**

12. Name **Walter Mason**

13. Birthplace **Sedalia Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret O'Connell**

15. Birthplace **Brunswick Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Jane Mason**

(b) Address **1355 Mc Cutcherson**

17. (a) **Burial** (b) Date thereof **3 23 42**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill - Sedalia Mo**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**  
year **1942** hour **2:15** minute **P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death **Natural causes.** Duration \_\_\_\_\_

Due to **Chronic Myocarditis.**

Due to \_\_\_\_\_

Other conditions **PTA**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **Yes**

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? **h**

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

23. Signature **Louis H. Poff** (M.D. or other) \_\_\_\_\_  
Address **Kirkwood, No. 3/20/42** Date signed \_\_\_\_\_

APR 16 1942

APR 13 1942

MAY 27 1942

APR 13 1942

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.....

*Louis H. Boyd*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Louis H. Boyd*

Licensed Embalmer No. *921*

P. O. Address *Kirkwood, Mo.*

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.