

FILED MAY 6 1942
85

Registration District No. _____
Primary Registration District No. 1001

Registrar's No. 449

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ambulance Enroute to St. Joseph's Hosp.
(If not in hospital or institution, write street number or location) 109 W. Franklin St.
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 109 W. Franklin St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George J. Mastio

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Mastio 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October 27, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Odessa 6 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Car repairman

11. Industry or business Grand Island R.R.

MOTHER FATHER
12. Name Philip Mastio
13. Birthplace Alsace Lorraine France
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Mastio
(b) Address 109 W. Franklin St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herbert W. Sedwick
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 8-1-42 (b) Rose Hegay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1942 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from Mar. 15 1940 to Feb. 12 1942
that I last saw him 1m alive on Feb. 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromb Apr 28/42 Duration
Due to arterioscler. ger-
Due to _____

Other conditions dealt med.
(Include pregnancy within 3 months of death)

Major findings: 61
Of operations _____
Of autopsy _____

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) _____
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 _____ (c) Means of injury _____
23. Signature Frank J. Degey (M. D. Brother)
Address 620 Blanche Date signed 4/30/42

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.....

Albert C. Herrington

Licensed Embalmer No.....

3258

P. O. Address.....

St. Joseph, 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.