

FILED AUG 6 1942
 Registration District No. 791

State File No. 6432
 Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Mamie E. Mason

9. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Percy D. Mason 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Miller
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Fannie Parish
 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant John Mason
 (b) Address 6454 Derby Ave.,

17. (a) Burial (b) Date thereof July 31/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cem.,

18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiamont Ave.,

19. (a) III 30 1942 J. F. Bredick
(Date read or local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis
 (c) City or town Wellston 0 NR
(If outside city or town limits, write "RURAL")
 (d) Street No. 6454 Derby A ve.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1942 hour 9.10 minute P.M. M.

21. I hereby certify that I attended the deceased from May 25, 1942 to July 28, 1942
 that I last saw her alive on July 28, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma of stomach with metastatic metastases
 Duration _____

Due to _____
 Due to _____

Other conditions Secondary carcinoma
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy yes as above

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) 2nd
 (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. F. Bredick (M. D. or other) _____
 Address 4901 1/2 Easton Date signed 7/29/42

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

Dr. A.F. Henke,
4901 Easton Ave.,
Mo. 3921.

1 - 2, 30 OIM

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 Wilford G. Burnell

Licensed Embalmer No. 4202

P. O. Address St. Louis, 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, above space should be left blank.