. S. No. 2
M—9-4-41
v. 5-17-39
I- X29484

FILED OCT 6 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31381

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1900

96
0
0

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

1. PLACE OF DEATH:
(a) County ST. LOUIS COUNTY
(b) City or town JEFFERSON BARRACKS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
VETERANS ADMINISTRATION FACILITY 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ADM. 7/20/42 (Specify whether
In this community since 7/20/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 948
(a) State Illinois (b) County
(c) City or town Caseyville
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R.#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Henry L. Mason

3. (b) If veteran, name war World War - 1918 3. (c) Social Security No. 343-12-0115

4. Sex male 01 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella 6. (c) Age of ~~husband or~~ wife if alive 41 years

7. Birth date of deceased May (Month) 20, (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	3	21	hr. min.

9. Birthplace Scotland (City, town, or county) 4 (Naturalized) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Schulleg
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT. 11. 42 (Month) (Day) (Year)
(c) Place: burial or cremation EAST. ST. LOUIS, ILL

18. (a) Signature of funeral director A Hoffmeister Mtl Co
(b) Address 7814 S. Broadway

19. (a) SEP 11 1942 (Date received local registrar) (b) E. G. McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th, year 1942 hour 10:00 minute a. M.

21. I hereby certify that I attended the deceased from July 20, 1942 to Sept. 11, 1942; that I last saw him alive on Sept. 11, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE, CARDIAC ENLARGEMENT, MYOCARDIAL INSUFFICIENCY, AND MYOCARDIAL DAMAGE. Duration UNKNOWN

Due to -

Other conditions HEMIPARESIS, RIGHT, DEPENDENT UPON CEREBRAL VASCULAR DISEASE, * and Duration Abt. 4 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation.
* ARTERIOSCLEROSIS, GENERAL. Duration Unknown.
Of autopsy Autopsy not granted.

PHYSICIAN
Underline which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 9/11/42

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3891

P. O. Address 7814 S Broadway

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.