

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1870

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Overland, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3524 Edmundson Rd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether Birth.)

In this community Birth.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Overland 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 3524 Edmundson Rd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ida P. Mason.

3. (b) If veteran, name war.....

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 5th year 1942 hour 11:30 minute..... P. M.

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

6. (b) Name of husband or wife Osey Mason (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 31, 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN - 1 - 1942 to MAY 5 1942

that I last saw h. alive on May 5, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 7 5 hr. min.

Immediate cause of death.....  
Chronic hypertension myocarditis

Due to.....

9. Birthplace Unknown Ind. /  
(City, town, or county) (State or foreign country)

Due to.....

Other conditions.....  
(include pregnancy within 3 months of death) 93d

10. Usual occupation At home

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Samuel Wheeler

{ 13. Birthplace Unknown Ind. /  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emma Barker

{ 15. Birthplace Unknown Ind /  
(City, town, or county) (State or foreign country)

16. (a) Informant Osey Mason

(b) Address 3524 Edmundson Rd. Overland

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?.....

17. (a) Burial (b) Date thereof 9/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 9/5/42

19. (a) SEP - 8 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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.....

*Francis A. Williamson*

Licensed Embalmer No.....

*3565*

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, fact should be so stated above.**