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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED JAN 15 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11986**

318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County ST Louis

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

(c) Name of hospital or institution: 2800^A Gamble St /
(If not in hospital or institution, write street number or location)

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

In this community 5 yrs
years, months or days

3. (a) PRINT FULL NAME Odell Mason

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Birdie Mae Mason 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 28 1911
(Month) (Day) (Year)

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

32 7 1 hr. _____ min.

9. Birthplace Kempel Co. Miss /
(City, town, or county) (State or foreign country)

10. Usual occupation Self

11. Industry or business Wood Dealer

12. Name Alex Mason

13. Birthplace ? Miss /
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Birdie Mae Mason

(b) Address 2800 A Gamble ST

17. (a) Removal (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waynesboro Miss

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2830 S Toddard ST

19. (a) DEC 31 1943 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 2800^A Gamble ST
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1943 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 3-6-43
_____ 19 _____ to 12-29-1943

that I last saw him alive on 12-29- 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hypertensive Heart Disease

Chronic myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? none
(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 Robert M. Yert (M. D. or other) _____

Address 3007 Easton Ave Date signed 12-31-43

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

MOTHER FATHER

844

(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 Myself

Lonnie Baykin, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Baykin

Licensed Embalmer No. 2946

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.