

FILED FEB 1 1944
318

State File No. _____
819
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: ST. MARY'S INFIRMARY
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town Roberson
(d) Street No. Roberson
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Velma MASON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 22
year 1944 hour _____ minute _____ M.

4. Sex FEMALE 5. Color or race colored 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Robert MASON 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Oct. 12 - 1911

21. I hereby certify that I attended the deceased from 1-18, 1944 to 1-22, 1944
that I last saw her alive on 1-22, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 32 yrs Months 3 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death acute testicular obstruction

9. Birthplace Forrest City, Ark

Due to large tubercular abscess Right with adhesions
Other conditions acute testicular obstruction

10. Usual occupation Housewife

Major findings: Tubercular abscess of operations
Of operations causative
Of autopsy No

MOTHER FATHER { 12. Name FRANK HARRISON
13. Birthplace MISS.
14. Maiden name Lucy Moore
15. Birthplace Ark.

16. (a) Informant ROBERT T MASON

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
Date of occurrence _____

17. (a) Buried (b) Date thereof 1-29-44

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Washington Park

While at work _____
Specific type of place _____
(e) Means of injury _____

18. (a) Signature of funeral director Allen Bates
(b) Address 35-06 Franklin
19. (a) JAN 26 1944 (b) JT Brodeur

23. Signature [Signature] (M. D. or other) _____
Date signed 1/25/44

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 *Arthur S. Hilliard*

Licensed Embalmer No. *42218*

P. O. Address *4219^{1/2} E. Gadsden*

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.