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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20010

State File No. 14010

FILED JUL 15 1944 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5964

1. PLACE OF DEATH:

(a) County Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. LOuis (If outside city or town limits, write "RURAL") 25 9

(d) Street No. I3I0 Cass Ave. (If rural, give location)

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

If yes, name country 10

3. (a) PRINT FULL NAME Theodore B. Mason

3. (b) If veteran, name war World War #I

3. (c) Social Security No.

4. Sex Male 10

5. Color or race White

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

6. (b) Name of husband or wife Virginia Mason

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. (Month) I0 (Day) I897 (Year)

8. AGE: Years 47 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Chaufeer

11. Industry or business City of St. Louis

FATHER
12. Name Anthony Mason
13. Birthplace Detroit Moch. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kass
15. Birthplace Detroit Mich. (City, town, or county) (State or foreign country)

16. (a) Informant Virginia Mason

(b) Address I3I0 Cass Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-I944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivans uneral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) JUL 4 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 3 year 1944 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Arteriosclerosis with thrombosis of right

Due to coronary

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (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 Alfred Perry (M. D. or other) 3

Address Lipsey Comm Date signed 7/4/44

(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 Eugene H. Sullivan

Licensed Embalmer No. 2930

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.