

FILED JUL 31 1944

Registration District No. 3068

Primary Registration District No. 3068

Registrar's No. 1546

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 144 Electric  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country A

3. (a) PRINT FULL NAME Alipis Grant Masters

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Louisa G. Masters 6. (c) Age of husband or wife if alive Sec years  
7. Birth date of deceased Mar. 9 - 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 9 hr. min.

9. Birthplace Jefferson Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad

MOTHER FATHER

12. Name Unknown Masters

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edith Kossman

(b) Address 705 S. Lippitt Webster Home Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood Mo

19. (a) JUL 21 1944 (Date received local registrar)

(b) E. H. McBaron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1944 hour \_\_\_\_\_ minute 8:15 P.M.

21. I hereby certify that I attended the deceased from March 23, 1944, to July 18th, 1944.  
that I last saw him alive on July 15 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Duration 2 mo.

Due to \_\_\_\_\_  
Due to 83 a. 1

Other conditions Atherosclerosis  
(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? \_\_\_\_\_ (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 E. B. Waters M.D. (M. D. or other) \_\_\_\_\_

Address Kirkwood Mo Date signed 7-19-44

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**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 Felix Sward  
Licensed Embalmer No. 3034  
P. O. Address Kirkwood 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.**