

FILED FEB 7 1945 318

State File No. \_\_\_\_\_  
Registrar's No. 849

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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: Christian Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennings

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

(d) Street No. 2618 Terrace Lane  
(If rural, give location) NRU

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Mason

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Oct. 20, 1970  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Andrew Sears

(b) Address 2618 Terrace Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/45  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters & Paul

18. (a) Signature of funeral director [Signature]

(b) Address 6100 W. Florissant

19. (a) JAN 27 1945 (Date received by Registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1945 hour 12:15 minute \_\_\_\_\_ P M.

21. I hereby certify that I attended the deceased from Jan. 19, 44 19 \_\_\_\_\_ to Jan 24, 1945 19 \_\_\_\_\_ that I last saw h. er alive on Jan. 24, 1945 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Inanition</u>	<u>2 mo</u>
<u>Uremia</u>	<u>1 "</u>
Due to <u>Hepatic Cirrhosis.</u>	<u>?</u>
<u>" Jaundice</u>	<u>2 mo</u>
Due to <u>General Anasarca</u>	<u>1 mo</u>
Other conditions (Include pregnancy within 3 months of death)	

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy As above yes

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? \_\_\_\_\_

23. Signature Sukie B. Timmon (M. D. or other) 3

Address 3718 Jennings Rd. Date signed 1/26/45

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**