

S. No. 2
OM-5-43
v. 5-17-39
X36671

FILED JAN 20 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 1 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County 999
(c) City or town Pensacola 8
(If outside city or town limits, write "RURAL") 0
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Ann Masseberg
ANN MASSEBERG

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

4. Sex Female 5. Color or race col.
6. (a) Single, widowed, married, divorced Mar.
6. (c) Age of husband or wife UNK years
(b) Name of husband or wife R.C. MASSEBERG
7. Birth date of deceased UNK.
(Month) (Day) (Year)

8. AGE: Years 49 Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace SNOW HILL AIA.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name UNK.

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

14. Maiden name UNK.

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

16. (a) Informant W. J. Huntley

(b) Address 4219 W. FINNEY

17. (a) Removed (b) Date thereof JAN-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pensacola, Fla.

18. (a) Signature of funeral director J. F. Beil

(b) Address 2726 Lucas Ave.

19. (a) JAN 8 1945 (b) J. F. Beil
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1945 hour 11 minute R. M.

21. I hereby certify that I attended the deceased from 12/12/44 to 1/4/45 1945
that I last saw her alive on 1/4/45 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Subacute Embolism
Chronic Obstructive Pulmonary
arterial G. arterio Sclerotic
Due to _____
Due to _____
Other conditions (include pregnancy within 9 months of death) 1/22
Major findings: of pulmonary embolism
Of operations _____
Of autopsy arterial

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?
While at work? _____ (Specify type of place)
Means of injury _____
23. Signature _____ (M, D, or other) _____
Address _____ Date signed 1/5/45

APR 25 1945

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 L. Halliard*.....

Licensed Embalmer No. *4221*.....

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.