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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11523
Registrar's No. 3344

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yr. 5 mo. (Specify whether years, months or days)
In this community same

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Electa Mason
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John H.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 11, 1855 (Month) (Day) (Year)
8. AGE: Years 89 Months 8 Days 2 If less than one day hr. min.
9. Birthplace Bloomington, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Thomas B. Howe
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Zipporah Jane Thatcher
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Clara D. Rothe
(b) Address 5351 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Macon, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1945 hour 9:15 minute A.M.
21. I hereby certify that I attended the deceased from November 18th, 1944 to April 13, 1945 that I last saw her alive on April 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Acute-Myrocarditis	1Mo.
Due to Lobar-Pneumonia	2MO.
Senility	6Mo.
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. Tamblyn (M. D. or other)
Address 5087 N. Grand Blvd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

3344

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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 Albert L. Hoffe

Licensed Embalmer No. 2971

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.