

S. No. 2
OM-2-43
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32175

FILED NOV 10 1945
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9345

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:
3405 ITASKA AV. /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 3405 ITASKA AV. / 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME OMA ANNA MAST,

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1945 hour 2 minute A.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPH MAST,

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased DECEMBER 27 - 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 to Oct 26 1945
that I last saw her alive on 10-26-45 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 10 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of lungs
Due to _____
Due to _____

9. Birthplace MIDDLETOWN MO. /
(City, town, or county) (State or foreign country)

Other conditions _____
(Includes pregnancy within 3 months of death)

10. Usual occupation HOUSEKEEPER

Major findings: Of operations _____
Of autopsy _____

11. Industry or business OWN

12. Name ARTHUR HUDSON

13. Birthplace MO. / 0
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET KELLEY

15. Birthplace MO. / d
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Mast

(b) Address 3405 Itaska Av

17. (a) BURIAL (b) Date thereof Oct 29 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director E. J. Schurz

(b) Address 3125 Lafayette Av

19. (a) OCT 29 1945 J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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) cm

(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 OMD

23. Signature Floyd L. Heidman (M. D. or other) _____
Address 244 No GRAND Date signed 10-28-45

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

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.....

Joseph B. Vollmer

Licensed Embalmer No. *4014*

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.