

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 30 1946  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2699

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
In this community .....  
years, months or days

3. (a) PRINT FULL NAME Joe Masson

3. (b) If veteran, name war ..... 3. (c) Social Security No. 355-01-2971

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Masson 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 2, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 19 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Clothing Mfg Co.

12. Name Joseph Masson

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

14. Maiden name Jennie Neaglen

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

16. (a) Informant C. G. Lewis Jr.

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof 3-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

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

(b) Address E. St. Louis, Ill.

19. (a) MAR 21 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3501 Victor (If rural, give location) 17  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21,  
year 1946 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 10, 1946, to March 21, 1946;  
that I last saw him alive on March 21, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia

Due to Myelogenous leukemia

Due to.....

Other conditions 7H  
(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 Sauveur Weingarten (M. D. or other)  
Address 110 Theater Bldg Date signed 3-21-46

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

10334

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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..... East St. Louis, Ill.....

**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.**