V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18691

Primary Registration District No. 1003

Registrar's No. 4658

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

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: ST JOHNS HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YR
(Specify whether years, months or days)

In this community

2. **USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County St Louis

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

(d) Street No. 6420 HOBART AV
(If rural, give location)

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

If yes, name country

3. (a) **PRINT FULL NAME** EDNA MAUDE MASON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ LESTER MASON

6. (c) Age of husband ~~or wife~~ if alive 52 years

7. Birth date of deceased JULY (Month) 29 (Day) 1895 (Year)

8. **AGE:** Years 50 | Months 9 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace KNOB LICK (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER

12. Name JOHN H WARD

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

MOTHER

14. Maiden name NELLIE L ELNORA

15. Birthplace KNOB LICK (City, town, or county) MO (State or foreign country)

16. (a) Informant MR LESTER MASON

(b) Address 6420 HOBART AV

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-26-1946 (Month) (Day) (Year)

(c) Place: burial or cremation FLAT RIVER MO

18. (a) Signature of funeral director HOOD FUNERAL HOME

(b) Address FLAT RIVER MO

19. (a) MAY 24 1946 (Date received local registrar) J.T. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 23

year 1946 hour 10 minute 00 A M.

21. I hereby certify that I attended the deceased from June 1, 1946, to May 23, 1946, that I last saw h~~er~~ alive on May 23, 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac Stenosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 A Hyland (M. D. or other)

Address 2903 Park Date signed 5/24/46

(Licensed Embalmer's Statement on Reverse Side)

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..... John Kettler.....

Licensed Embalmer No..... 3880

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.