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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24920

FILED AUG 5 1946

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1608

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town RIVERVIEW GARDENS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME 269 HABECKING DR. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether In this community 17 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town RIVERVIEW GARDENS (If outside city or town limits, write "RURAL")

(d) Street No. 269 HABECKING DR. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HERMAN MASTER'S

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Bessie Master's

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. (Month) 18 (Day) 1891 (Year)

8. AGE: Years 54 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation TINNER

11. Industry or business

FATHER
12. Name HENRY MASTER'S
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name UN KNOWN
15. Birthplace (City, town, or county) " " (State or foreign country)

16. (a) Informant Bessie Master's

(b) Address 269 Habecking Dr.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 3 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) 8-2-46 (Date received local registrar) (b) G. M. Gorman MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour 3 55 minute P. M.

21. I hereby certify that I attended the deceased from 6/4/45, 19, to 7/31/46, 19; that I last saw him alive on 7/29/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis

Due to 131a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul [illegible] (M. D. or other)

Address 3919 W. Florissant Date signed 7/31/46

707 (Licensed Embalmer's Statement on Reverse Side)

AUG 1 9 1946

APR 10 1947

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 Olmo R. Padwell

Licensed Embalmer No. 4977

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.