DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11262

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 3325

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: 3528 Crittenden St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3528 Crittenden St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Matilda W. Massmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 5th., 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Hermann Massmann
13. Birthplace Washington (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Marie Althoefer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs. Adèle Vallimont
(b) Address 3801 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th., year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 94	
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 2

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 2/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

JUN 4 1947

APR 30 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, above space should be left blank.