

S. No. 2  
-12-45  
5-17-39  
I X47070

**FILED JUN 4 1947**

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **82**

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

**1. PLACE OF DEATH:**

(a) County St. Charles

(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
909 South Benton Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Alfred Massey

**3. (b) If veteran,** name war NIL

**3. (c) Social Security No.** NIL

**4. Sex** Male **5. Color or race** Black

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** unknown

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

**7. Birth date of deceased** August 7 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>6</u>	_____ hr. _____ min.

**9. Birthplace** Cambridge City, Indiana  
(City, town, or county) (State or foreign country)

**10. Usual occupation** unemployed

**11. Industry or business** \_\_\_\_\_

**12. Name** Alfred Massey

**13. Birthplace** Cambridge City, Indiana  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unknown

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

**16. (a) Informant** Mrs. Mary Cuffee (niece)

**(b) Address** 1304 E. 7th-Muncie, Indiana

**17. (a) Burial** Oak Grove Cem. **(b) Date thereof** May 19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Charles, Mo.

**18. (a) Signature of funeral director** H. C. Dallmeyer & Son

**(b) Address** 800 N. 2nd-St. Charles, Mo.

**19. (a) Date received local registrar** May 26-47 **(b) Registrar's signature** Frank Hamilton  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Charles

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

(d) Street No. 909 South Benton Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 13 year 1947 hour 11:22 minute P. M.

**21. I hereby certify that I attended the deceased from** Jan-10-47 to May-13 1947 that I last saw alive on May-13 1947 and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocarditis

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** Hypertension - General Debility  
(Include pregnancy within \_\_\_\_\_ months of death)

**Major findings:**  
Of operations \_\_\_\_\_

Of autopsy 938

**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? \_\_\_\_\_

**While at work?** \_\_\_\_\_ (Specify type of place) (or) Means of injury \_\_\_\_\_

**23. Signature** D. A. N. [Signature] (M. D. or other) 0

**Address** 220 1/2 N. Main St. St. Charles **Date signed** 7/15/47

Date Filed MAY 31 1947

District File Number

District Health Officer No. 9

RECEIVED

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 I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles 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.