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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19142  
Registrar's No. 5251

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: In hospital or institution 1 week  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Riverview Gardens  
(d) Street No. 360 Scenic Dr.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Catherine E. Mashburn  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Eugene Mashburn  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 28, 1864

8. AGE: Years 82 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Bolivar Tenn.  
10. Usual occupation At home

11. Industry or business  
12. Name Thomas Cliff  
13. Birthplace Bolivar Tenn.  
14. Maiden name Lydia Gay  
15. Birthplace Bolivar Tenn.

16. (a) Informant Bennett Mashburn  
(b) Address 360 Scenic Dr. R. Gardens  
17. (a) Burial removed (b) Date thereof 5/27/47  
(c) Place: burial or cremation Bolivar, Tenn.

18. (a) Signature of funeral director Math Hermann & Son, Inc.  
(b) Address 2161 East Fair Ave  
19. (a) MAY 27 1947 J. F. Brebeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 26th year 1947 hour 5:50 AM minute M.  
21. I hereby certify that I attended the deceased from November 14, 1947, to May 26, 1947  
that I last saw him alive on May 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure, Advanced myocardial Damage of Arterial Hypertension  
Due to: Arterial Hypertension  
Due to: Coronary Arteriosclerosis, Hypostatic Pneumonia  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 93  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: F. J. Hollrung (M. D.)  
Address: 8321 No. Parkway Date signed: 5/26/47  
While at work (Specify type of place) (2) Means of injury

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

MOTHER FATHER

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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. 4202

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.**