. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22485

Primary Registration District No. 1003

Registrar's No. 5819

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2846 Keokuk St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2846 Keokuk 9
(If rural, give location)
(e) Citizen of foreign country? 24 (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME John Masching
3. (b) If veteran, name war
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 Theresa
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept (Month) 15 (Day) 1898 (Year)

8. AGE: Years 48 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Austria Hungary 4
(City, town, or county) (State or foreign country)
10. Usual occupation House Painter
11. Industry or business

FATHER
12. Name John Masching Sr.
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Koenig
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Masching
(b) Address 2846 Keokuk
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old-S.S.Peter-Paul
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) JUN 13 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1947 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from apr. 4, 1947 to June 11, 1947
that I last saw him alive on June 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	4 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of stomach
Of autopsy

PHYSICIAN
Underline the cause of 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 — 0

23. Signature Ralph Thompson (M. D. or other) M.D.
Address 3606 Gravois St. Louis Mo. Date signed 4/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr R. Thompson
Grande Gravois 9 Floor
3606 Gravois
LA2528

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 Francis Williamson Mo.

Licensed Embalmer No. 3565

P. O. Address St. Louis

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.