No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22487

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3288

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

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 CITY Hospital O (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 MO. (b) County 100

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL") 17

(d) Street No. 3661a Folsom av. (If rural, give location) 90

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MAMIE BLANCH MASSON.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

6. (a) Single, ~~widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife ARCHIE MASSON

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

7. Birth date of deceased JANUARY (Month) 12 (Day) 1884 (Year)

8. AGE: Years 63 Months 5 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country) O

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name HENRY HARTMANN O
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANNA BACKHOFF, O
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. Archie Masson

(b) Address Graniteville Mo.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 7/2/47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Middlebrook, Mo.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) JUL 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1947 hour 11 minute 10 p.M.

21. I hereby certify that I attended the deceased from 12 13 1946 to 6-28 1947 that I last saw her alive on 6-28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Thrombosis	2 mo
Due to Myocarditis	2 years
Due to Cerebrosis lues	2 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 O

23. Signature Gustave Dahms (M. D. ~~or other~~)

Address 1452 So Grand Date signed 6-3 ax

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave 4

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.