

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 4 1948

Registration District No. 177

Primary Registration District No. 3008

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Fulton Callaway

(b) City or town Fulton, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital, Fulton, Mo 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 2-12-48  
(Specify whether years, months or days)

In this community 2-12-48  
years, months or days

3. (a) PRINT FULL NAME Charles Albert Mast

3. (b) If veteran, name war None

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

4. Sex Male 0 5. Color or race W.

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

6. (b) Name of husband or wife Mrs. Lillie Mast

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 28, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 78 6 28

hr. min.

9. Birthplace Quincy Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Stage Mechanic

11. Industry or business

12. Name Joseph Mast 9

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Erbman

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Mast

(b) Address 7318 a Forsythe Blvd

17. (a) Burial (b) Date thereof 2-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery St. Louis

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl., St. Louis

19. (a) Feb 25 48 (b) Joe M. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis co 96

(c) City or town University City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 7318 a Forsythe Blvd. 5  
(If rural, give location)

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

If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24  
year 1948 hour 1 minute 15 PM

21. I hereby certify that I attended the deceased from Feb. 12-48  
19... to Feb. 24, 48 19...  
that I last saw him alive on Feb 23, 1948 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Lobar Pneumonia</u>	
Due to .....	
Due to .....	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy <u>None</u> <u>108</u>	

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)

(e) Means of injury 11

25. Signature J. S. Caldwell (M. D. or other) .....

Address Fulton, Mo Date signed 2/24/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAR 3 1948  
Case Filed

MAR 5 1948

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.....

*Theodor Skinner, Jr.* Registered Apprentice No. *55*  
working under my personal supervision.

Signed *J. V. Resser*

Licensed Embalmer No. *2555*

P. O. Address *Fuller Md*

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.

11.8.11