

No. 300  
-10-47  
-5-17-39  
-1-3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 13 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

28012

Registrar's No.

7718

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: JEWISH HOSPITAL  
(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 000  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 4544 DAKLAND AV.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mabel Mason

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex FE / 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife CHARLES MASON  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: FEB. 20 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 10  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MEMPHIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER  
12. Name JOSEPH JUSTIS  
13. Birthplace ? (City, town, or county) ? (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant W. J. Gorman  
(b) Address 4935 W. Waste av.

17. (a) BURIAL (b) Date thereof SEPT 2-48  
(Burial/cremation, as removed) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schur  
(b) Address 3125 Lafayette av.

19. (a) SEP 2 1948 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1948 hour 15 minute 05 P. M.

21. I hereby certify that I attended the deceased from August 27, 1948 to Aug 30, 1948  
that I last saw him alive on 8/30/48, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Liver with metastases  
Duration 1 1/2 yrs

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

Other conditions 52  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Primary Ca of Liver with metastases  
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)  
(c) Means of injury \_\_\_\_\_  
Signature Martin Bergmann (M. D. or other) MD  
Address 5568 Waterman Date signed 8/31/48

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

70-8080

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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 *John B. Volkman*

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette

**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.**