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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38430

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10254

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: 3207 Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3207 Market St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Mason

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased August 31, 1884 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 20 If less than one day hr. min.

9. Birthplace ?, Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Martin
(b) Address 1128 Leonard Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville, Tennessee

18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 N. Taylor Ave.

19. (a) NOV 26 1948 (Date received local registrar) (b) J B Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 3, 1948, 19 to Nov. 20, 1948, 19; that I last saw her alive on Nov. 20, 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum & metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature Pauline D. Johnson (M. D. or other) MD
Address 3100a Lucas Ave. Date signed

(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 James A. Carter, Registered Apprentice No. 290 working under my personal supervision.

Signed Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.