

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 21409

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4928

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (In this place) 89 days		d. STREET ADDRESS (If rural, give location) 3016 SEMPLE AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, U			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) SHERIDAN c. (Last) MASON			4. DATE OF DEATH (Month) (Day) (Year) 6-5-49		
5. SEX Male		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG. 6-1882		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 9 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER & SHIPPER		10b. KIND OF BUSINESS OR INDUSTRY LEATHER TRADES		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO. U	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRED MASON		13b. FATHER'S MAIDEN NAME ALICE SHERIDAN	
14. NAME OF HUSBAND OR WIFE OLLIE MASON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	

17. INFORMANT'S SIGNATURE OR NAME Ollie N. Mason		ADDRESS 3016 Semple	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General debility &amp; bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Carcinoma of thyroid with multiple metastases</i>		7 (1-3 yrs)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-26-49		19b. MAJOR FINDINGS OF OPERATION Biopsy - CA of THYROID		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 55	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 194X	

22. I hereby certify that I attended the deceased from March 18 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 12:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. J. Fawcett M.D.</i> (Degree or title)		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 6/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE 6-9-49		24c. NAME OF CEMETERY OR CREMATORY St. Peters	
24d. LOCATION (City, town, or county) (State) St. Louis Co. MO.		DATE REC'D BY LOCAL REG. 11/14 6		REGISTRAR'S SIGNATURE <i>J. J. Fawcett</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Pettis</i>		ADDRESS 3030 Bell Rd.			

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

*mm*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ethel K. Harris*

Licensed Embalmer No. *4458*

P. O. Address *3510 Bell a*

**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.**