

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25046

State File No.

318

1003

6696

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN <i>St. Louis Mo</i>		c. LENGTH OF STAY (in this place) <i>10</i>		c. CITY OR TOWN <i>St. Louis 2109</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>4002 Natural Bridge</i>			
3. NAME OF DECEASED (Type or Print) a. (First) Julius		b. (Middle) Mason.		c. (Last)	
DATE OF DEATH (Month) (Day) (Year) <i>Aug 3 1950</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Jan. 21, 1897.</i>		9. AGE (In years last birthday) <i>53</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bread Counter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Bakery</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Arthur Mason</i>		13b. MOTHER'S MAIDEN NAME <i>Amelia Lauer</i>	
14. NAME OF HUSBAND OR WIFE <i>Ilma Heffner Mason.</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Ilma Mason</i>		18. ADDRESS <i>4002 Natural Bridge</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CEREBRAL THROMBOSIS</i> THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>ARTERIO SCLEROSIS</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
INTERVAL BETWEEN ONSET AND DEATH <i>7 DAYS</i> <i>10 YEARS?</i>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>302A</i>		22. I hereby certify that I attended the deceased from <i>July 31, 1950</i> , to <i>Aug. 3, 1950</i> , that I last saw the deceased alive on <i>Aug. 3, 1950</i> , and that death occurred at <i>1:55 Pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Lucius V. Henschel, M.D.</i>		(Degree or title)		23b. ADDRESS <i>6200 Hoffman Cor.</i>	
23c. DATE SIGNED <i>Aug. 5, 1950</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 7, 1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Hiram Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County.</i>			
DATE REC'D BY LOCAL REG. <i>AUG 6 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FEDERAL DIRECTOR'S SIGNATURE <i>J. J. Quinn</i>	
ADDRESS <i>1389 Union Bl</i>		(Licensed Embalmers' Statement on Reverse Side)			

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ronald G. Gahake*

Licensed Embalmer No. 3917

P. O. Address _____

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.