

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2787

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5337 N. Union Blvd.	

3. NAME OF DECEASED (Type or Print)	a. (First) Arley	b. (Middle) Monroe	c. (Last) Mason	4. DATE OF DEATH (Month) (Day) (Year) Jan. 1- 1951
--	---------------------	-----------------------	--------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27- 1882	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months 1	11. UNDER 1 YEAR Days 4	12. UNDER 1 MIN. Hours Min.
----------------	---------------------------	---	-----------------------------------	---------------------------------------	---------------------------------	-------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef. Nation Wide Cafeterias	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	---	------------------------------

13a. FATHER'S NAME William Mason	13b. MOTHER'S MAIDEN NAME Mary Shavler	14. NAME OF HUSBAND OR WIFE Henrietta
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-05-6265	17. INFORMANT'S SIGNATURE OR NAME Henrietta Mason	ADDRESS 5337 N. Union
--	--	--	--------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 month 8 years 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intracranial Hemorrhage</u> DUE TO (c) <u>Hypertension + Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chemia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>
--	--	---

22. I hereby certify that I attended the deceased from 11/30, 1950, to 1/1, 1951, that I last saw the deceased alive on 12/31, 1950, and that death occurred at 8:15a m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Glasseberg M.D.</u>	(Degree or title) M.D.	23b. ADDRESS <u>4500 Olive St.</u>	23c. DATE SIGNED <u>1/2/51</u>
--	---------------------------	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. JAN 2 1951	REGISTRAR'S SIGNATURE <u>J. D. Lanter</u>	GENERAL DIRECTOR'S SIGNATURE <u>Chas. F. Smart</u>	ADDRESS <u>1225 Union</u>
--	--	---	------------------------------

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Clement McNeuf*

Signed.....
Student Embalmer

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.