

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24986

FILED JUL 26 1951

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State File No.

Registrar's No. 6219

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6219	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1409 S. Compton Avenue</u>			
3. NAME OF DECEASED a. (First) <u>Katie</u>		b. (Middle) _____		c. (Last) <u>Mason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 24, 1915</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u> Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Bellzone, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Crawford</u>	
13c. NAME OF HUSBAND OR WIFE <u>Henry Mason</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N.</u>		16. SOCIAL SECURITY NO. <u>493-20-8795</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Velma Stokely</u>		ADDRESS <u>1409a S. Compton Avenue</u>		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Adv. Carcinoma of Breast with Metastases to lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Massive Pleural Effusion</u>				<u>Undet.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>7-7</u> , 19 <u>51</u> , to <u>7-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>51</u> , and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank O. Richardson</u> (Degree or title) _____				23b. ADDRESS <u>2601 N. Whittier St.</u>		23c. DATE SIGNED <u>7-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LeMay, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jul 12 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Boone</u>		ADDRESS <u>1221 N. Grand</u>	

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4755 _____

P. O. Address 12212 2nd _____

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.