

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39410

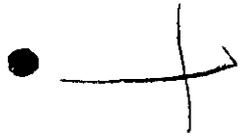
State File No. 10108

FILED DEC 1 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100a		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis			c. LENGTH OF STAY (in this place) 16 Days		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis 20 79				
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				7. d. STREET ADDRESS (If rural, give location) 5952 Floy Avenue, 21,					
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) H. R.		c. (Last) Mason		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10th, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6th, 1882			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elec. Foreman			10b. KIND OF BUSINESS OR INDUSTRY Ann. Car Foundry		11. BIRTHPLACE (State or foreign country) Minneapolis, Minnesota/		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Louis Mason			13b. MOTHER'S MAIDEN NAME Christine (Unknown)			14. NAME OF HUSBAND OR WIFE Dora I. Mason nee Spencer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora I. Mason, 5952 Floy Avenue, 21.					
18. CAUSE OF DEATH (Enter only one cause per number (a), (b), and (c)) <i>This does not mean the actual cause of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of heart.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) Myocarditis.</p> <p>DUE TO (c) Arteriosclerosis.</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>		INTERVAL BETWEEN ONSET AND DEATH							
		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION No surgery.		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H221					
22. I hereby certify that I attended the deceased from Oct. 25, 1951 to Nov. 10, 1951 , that I last saw the deceased alive on Nov. 10, 1951 , and that death occurred at 11:55p.m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Calvin F. Fentz</i> (Degree or title) M.D.			23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Mo.			23c. DATE SIGNED Nov. 12, 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/24/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri.			
DATE REC'D BY LOCAL REG. NOV 13 1951		REGISTRAR'S SIGNATURE <i>Calvin F. Fentz</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Fentz, 4828 Natural Bridge Blvd.					

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

See list at 127-128



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 John A. Miller

Licensed Embalmer No. 4186

P. O. Address St. Louis mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____
County of _____

ss. f

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. _____
Local Registrar's No. 10108

On this _____ day of _____, 194____, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth} death
for Paul R. Masoh died 11-10-1951, 19____, in the State of
~~XXXXXX~~ Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Paul R. Mason

Instead of _____ Paul H. Mason

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Paul F. Funtz
Will Huls

Fun. Dir

Relationship.

4828 Nat. Bridge

Present Address.

Subscribed and sworn to before me this 2 day of Nov., 1951

My Commission expires 3-4-53 _____ Notary Public.

Em C. Johnson

Affidavits containing erasures will not be accepted; draw one line through error and write above it.