

FILED JAN 26 1952

318
STANDARD CERTIFICATE OF DEATH

44194
State File No. 11712

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 11712

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 3 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5952 Loughborough		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		f. STREET ADDRESS (If rural, give location) 5952 Loughborough	

3. NAME OF DECEASED (Type or Print)	a. (First) Georgia	b. (Middle) Laverne	c. (Last) Mason	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1919	9. AGE (In years last birthday) 32	10. IF UNDER 1 YEAR 2 Months	11. IF UNDER 4 HRS. 15 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) East St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME George West	13b. MOTHER'S MAIDEN NAME Florence Jackson	14. NAME OF HUSBAND OR WIFE Arthur H. Mason Jr.
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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. ---	17. INFORMANT'S SIGNATURE OR NAME Arthur H. Mason	18. ADDRESS 5952 Loughborough St. Louis, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Pulmonary Edema DUE TO (c) Edema of Brain		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cardiac Hypertrophy	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 4343
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Patrick E Taylor Coronator	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12-31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12/31/1951	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. DEC 9 1 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE John Hardy	ADDRESS 1101 N. 9th St. E. St. Louis, Ill.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

L. P. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.