No. 300
10.48

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

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33222

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8944

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton 4800
d. STREET ADDRESS (If rural, give location) 6708 Weber Road

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle)
c. (Last) Buse--Mastic

4. DATE OF DEATH (Month) (Day) (Year) 9-24-52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 2-18-91
9. AGE (In years last birthday) 61 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis Savignac
13b. MOTHER'S MAIDEN NAME Henrietta Kramer
14. NAME OF HUSBAND OR WIFE Peter Mastic (Dec'd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Isabel Olsen **ADDRESS** 6708 Weber Rd.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Abdominal carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of sigmoid — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Pt. entered with impaction of feces in colostomy

19a. DATE OF OPERATION 3/24/52
19b. MAJOR FINDINGS OF OPERATION Exploratory for obstruction revealed carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* 9-14-52, 19__, *to* 9-24-52, 19__, *that I last saw the deceased alive on* 9-24-52, 19__, *and that death occurred at* 2:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. Clawson, M.D. (Degree or title) — J. W. Clawson, M.D.
23b. ADDRESS 1325 S. Grand, St. Louis, Mo.
23c. DATE SIGNED 9-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sep. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard
24d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)

DATE REC'D BY LOCAL REGISTRAR SEP 25 1952
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser **ADDRESS** 4228 S. Kingshighway Bl
(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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.