

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44060

State File No.

No. 300
10. 48

FILED JAN 9 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 517 Registrar's No. 3315

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

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 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) RICHMOND HEIGHTS | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2059 | |
| c. LENGTH OF STAY (In this place) 1 day | | d. STREET ADDRESS (If rural, give location) 5797 WESTMINSTER | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARGARET | | b. (Middle) R | |
| c. (Last) MASON. | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 27, 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0 | 8. DATE OF BIRTH Dec. 13, 1879 |
| 9. AGE (In years last birthday) 73 | | 10. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and State or Foreign Country) Centralia, Ill |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home House work | | | |
| 13a. FATHER'S NAME William D. Mason. | | 13b. MOTHER'S MAIDEN NAME Abbey J. Alter. | |
| 14. NAME OF HUSBAND OR WIFE none | | | |
| 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. None | |
| 17. INFORMANT'S SIGNATURE OR NAME James M. Hay. | | ADDRESS 717 W. Big Bend Webster Grove | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. hypertensive Heart Disease DUE TO (b) 2 weeks DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X | |
| 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, other building, 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>12/3, 1952</u> to <u>12/27, 1952</u> , that I last saw the deceased alive on <u>12/26, 1952</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Alfred Ferrara M.D. (Degree or title) | | 23b. ADDRESS 7307 Natural Bldg. | |
| 23c. DATE SIGNED 12/29/52 | | | |
| 24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial | | 24b. DATE 12-29-1952 | |
| 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. 12-27-52 | | REGISTRAR'S SIGNATURE H. R. Lupton - M. R. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons | | ADDRESS 7233 Delmar Blvd., | |

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.