

FILED OCT 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37404****9563**

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Mo.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN **St. Louis**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **245 Union Blvd.**

e. STREET ADDRESS (If rural, give location)

12- 245 Union Blvd.**2129****3. NAME OF DECEASED**
(Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH(Month) (Day) (Year)
Oct. 4 1953**ERNESTINE****THERESA****McMASTER****5. SEX****Female****6. COLOR OR RACE****White****7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)**Widow****8. DATE OF BIRTH****April 29, 1891****9. AGE** (In years last birthday)**62**

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) **Festus, Mo.****12. CITIZEN OF WHAT COUNTRY?****13a. FATHER'S NAME****Fred Schafer****13b. MOTHER'S MAIDEN NAME****Louise A. Mitzel****14. NAME OF HUSBAND OR WIFE****Late LeRoy McMaster****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 ADDRESS**
Bertha Gannon 5030 Winona Ave.**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)**MEDICAL CERTIFICATION****Arteriosclerotic heart disease****INTERVAL BETWEEN ONSET AND DEATH**
4 yrs**ANTECEDENT CAUSES**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes mellitus**8 yrs****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****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?****4200****22. I hereby certify that I attended the deceased from July 14, 1950, to Oct 4, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 2:02 A.M., from the causes and on the date stated above.****23a. SIGNATURE**

(Degree or title)

23b. ADDRESS**23c. DATE SIGNED****Ranette S. Tansy****M.D. O****4500 Olive****Oct 6, 53****24a. BURIAL, CREMATION, REMOVAL** (Specify)**24b. DATE****24c. NAME OF CEMETERY OR CREMATORY****24d. LOCATION** (City, town, or county) (State)**Removal****Oct. 7, 1953****Valhalla Cemetery****St. Louis Co., Mo.****DATE REC'D BY LOCAL REG.**
OCT 6 1953**REGISTRAR'S SIGNATURE****25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS****J. C. Smith, M.D.****Kriegshauser 4228 S. Kingshighway Bl.**

(Licensed Embalmer's Statement on Reverse Side)

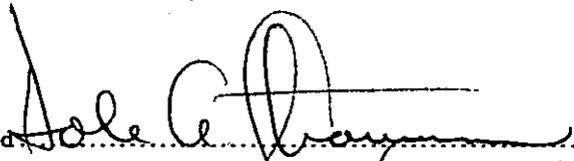
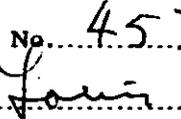
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 11 1954

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.....
Signature of Student Embalmer

Signed: 
Licensed Embalmer No. 457
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.