

35692

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 26 1954
XC 2 060 044
Reg. 3352

State File No. 35692
Registrar's No. 8931

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY			
b. CITY OR TOWN 215 North Grand Blvd St. Louis, Missouri		c. LENGTH OF STAY (In this place) 26 Days		c. CITY OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST		b. (Middle) G.		c. (Last) MASSMANN	
4. DATE OF DEATH (Month) (Day) (Year) 9/29/54		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/11/93		9. AGE (In years last birthday) 61 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager		10b. KIND OF BUSINESS OR INDUSTRY Hotel Management		11. BIRTHPLACE (City and State or Foreign Country) Raymond, Kansas	
12. COUNTRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME ERNEST C. MASSMANN		13b. MOTHER'S MAIDEN NAME EMMA A. ABBOTT	
14. NAME OF HUSBAND OR WIFE MARY MASSMANN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES WW-1		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME V. A. Hospital Records		ADDRESS			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANCY IN THE LIVER (PROBABLY PRIMARY)			
		INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES			
		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. CIRRHOSIS			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - - / 155X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.		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 9/3, 1954, to 9/29, 1954, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph P. Westphal		23b. ADDRESS 915 N. Grand Ave. St. Louis, Mo.		23c. DATE SIGNED 9/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-1-54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.		DATE REC'D BY LOCAL REG. OCT 1 1954		REGISTRAR'S SIGNATURE F. J. Lahey, Madison, Illinois	
25. FUNERAL DIRECTOR'S SIGNATURE F. J. Lahey, Madison, Illinois		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.