

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 9260

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. ....

Registrar's No. 9260

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY				
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. FULL NAME OF HOSPITAL OR INSTITUTION 5916 Threl		e. STREET ADDRESS (If rural, give location) 4 5916 Threl 2047				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Masterson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 '54			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/11/1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auditor		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John J. Masterson		13b. MOTHER'S MAIDEN NAME Molly Ford		
14. NAME OF HUSBAND OR WIFE Mildred		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Masterson		ADDRESS 5916 Threl				
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 Aortic Cardiac Failure Cerebral accident Hemiplegia Valvular Heart Disease DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cardiovascular Hypertensive disease Nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 Day 6 Mos 6 Mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442 X		
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 5/16, 1954, to 10/11, 1954, that I last saw the deceased alive on 10/9, 1954, and that death occurred at 5:50 a. m., from the causes and on the date stated above.						
23a. SIGNATURE George S. McKean MD		(Degree or title)		23b. ADDRESS 3903 Olive		
23c. DATE SIGNED 10/12/54						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13 '54		24c. NAME OF CEMETERY OR CREMATORY Calvary		
24d. LOCATION (City, town, or county) (State) St. Louis Mo.						
DATE REC'D BY LOCAL REG. OCT 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Howard 1619 So. Grand		

(Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elmer R. Padwell*.....

Licensed Embalmer No... 405

P. O. Address *St. Louis*.....

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.