

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9931**
Registrar's No. **2036**

FILED MAR 31 1955

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4106a Shreve Ave.		STREET ADDRESS (If rural, give location) 4106a Shreve		20790	
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) J		c. (Last) Mason	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 3, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jun 19, 1882		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instructor		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tenn.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Judson E Mason		13b. MOTHER'S MAIDEN NAME Nellie Winfrey	
14. NAME OF HUSBAND OR WIFE Helen Mason		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. 495-14-5000	
17. INFORMANT'S SIGNATURE OR NAME Helen Mason		ADDRESS 4106a Shreve		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH 4		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810	
22. I hereby certify that I attended the deceased from Mar. 15, 1954 to Mar. 3, 1955 , that I last saw the deceased alive on Mar. 3, 1955 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward Nelson MD		23b. ADDRESS 3903 Olive St. Louis		23c. DATE SIGNED 3/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-55		24c. NAME OF CEMETERY OR CREMATORY Sunset	
24d. LOCATION (City, town, or county) (State) St Louis County Mo		DATE REC'D BY LOCAL REG. MAR 4 1955		REGISTRAR'S SIGNATURE Paul Shanklin MD	
25. FUNERAL DIRECTOR'S SIGNATURE Paul Shanklin, Cuba, Missouri.		ADDRESS			

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 *J. Wm. Dunblay*.....

Licensed Embalmer No. *365*
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.