

FILED JUN 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16833
4631

1003

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 Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 30 days		c. CITY OR TOWN Collinsville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital				e. STREET ADDRESS (If rural, give location) 319 North Hesperia 8128			
3. NAME OF DECEASED (Type or Print) a. (First) Ruth			b. (Middle) Edna		c. (Last) Mason		4. DATE OF DEATH (Month) (Day) (Year) May 26 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORGED (Specify) Divorced		8. DATE OF BIRTH June 28, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Princeton, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Pernel Watkins			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claribel Mason, 319 N. Hesperia			
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321X			
22. I hereby certify that I attended the deceased from 4-23, 1955, to present, 19____, that I last saw the deceased alive on May 26, 1955, and that death occurred at 2a. m., from the causes and on the date stated above.							
23a. SIGNATURE Michael M. Karl M.D.				23b. ADDRESS 4652 Maryland, St. Louis, Mo.		23c. DATE SIGNED 5-26-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Hight Cemetery		24d. LOCATION (City, town, or county) (State) Princeton, Indiana	
DATE REC'D BY LOCAL REG. MAY 26 1955		REGISTRAR'S SIGNATURE J. Carl Smith m.d.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Troman Collinsville			

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

3. P. (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 not embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul E. Ironman.....

Licensed Embalmer No.....

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.