No. 300
10.48

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

AC-1555 68 71
Reg.No.12352 SL-5099
FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42397

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10629

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (In this place) 22 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 22 1740 Chouteau 22 2/c

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) O.
c. (Last) MASON

4. DATE OF DEATH (Month) (Day) (Year) 12-4-55

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 6-2-1900
9. AGE (In years last birthday) 55 | 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) Co Manager
10b. KIND OF BUSINESS OR INDUSTRY Liquor Store
11. BIRTHPLACE (City and State or Foreign Country) Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Mason
13b. MOTHER'S MAIDEN NAME Agnes Perkins
14. NAME OF HUSBAND OR WIFE Wanda J. Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 718 16 9330
17. INFORMANT'S SIGNATURE OR NAME VA Hosp.Records., St.Louis,Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Lung, recurrent, with metastases (Primary) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 162x
20. AUTOPSY? YES [X] 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?

22. *I hereby certify that I* VA *attended the deceased from* 11-12, *19* 55 *to* 12-4, *19* 55 ~~[illegible]~~ *and that death occurred at* 9:25a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl C. Bradman (Degree or title) M.D.
23b. ADDRESS VAH,915 N.Grand,St.Louis,Mo.
23c. DATE SIGNED 12-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 12-7-55
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. DEC 5 1955
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Edw. Fendler, 5611 S. Grand ave. ADDRESS

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O Yahnt

Licensed Embalmer No. 39 /

P. O. Address St Louis

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