

FILED DEC 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 43515

BIRTH NO. _____ REG. DIST. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10082

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 township) OR TOWN St Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Childrens Hosp		e. STREET ADDRESS (If rural, give location) 2230 Biddle St	
3. NAME OF DECEASED (Type or Print) a. (First) JOHANNÉ b. (Middle) B c. (Last) MASON		4. DATE OF DEATH (Month) (Day) (Year) 11 1 1956	
5. SEX M		6. COLOR OR RACE C	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH MAR 14 1952	
9. AGE (In years last birthday) 4		10. MONTHS 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Child	
11. BIRTHPLACE (City and State or Foreign Country) St Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME PAUL MASON 13b. MOTHER'S MAIDEN NAME Josephine Fairchild 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. — 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Mason 2230 Biddle

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sickle Cell Anemia		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 292.6 20. AUTOPSY? YES 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.

23. SIGNATURE [Signature] 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 11/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 11-5-56 24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM 24d. LOCATION (City, town, or county) (State) ST. LOUIS CITY MO

DATE REC'D BY LOCAL REG. NOV 5 1956 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.F. Walton 2707 Standard

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 *H. Claude Gos*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575A*.....

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