

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37826

FILED NOV 6 1957

STATE FILE NUMBER
9700

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Afton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		d. STREET ADDRESS 11226 Tesson Ferry Road	
3. NAME OF DECEASED (Type or print) First August Middle Masel Last		4. DATE OF DEATH Month Oct Day 15 Year 57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/13/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Streetcar Operator		10b. KIND OF BUSINESS OR INDUSTRY Retired Public Service	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Phillio Masel		14. MOTHER'S MAIDEN NAME Margaret Lauterbach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-10-9657	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage due to DUE TO (b) Ruptured Rt Ovary (Anovulatory) DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		19. INTERVAL BETWEEN ONSET AND DEATH 1 day 6 months	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 452x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 14-57 to 10-15-57 and last saw her alive on 10-15-57 Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 10-17-57	
22a. SIGNATURE Carl Klein M.D.		22b. ADDRESS 1804 Huntington	
23a. BURIAL (Specify)	23b. DATE 10/18/57	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO.
24. FUNERAL DIRECTOR ADDRESS FROHWITTER-MILLER HIGH RIDGE MO		25. DATE RECD. BY LOCAL REG. OCT 17 57	26. REGISTRAR'S SIGNATURE Carl Smith MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *High Ridge*

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.