FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3869

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: St Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton, Mo — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis County Hosp DOA — Length of stay in 1b: 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights 4485 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 7310 ETHEL — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Chester; Middle: M; Last: Massot Sr

4. DATE OF DEATH: Month: 1; Day: 12; Year: 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 9-10-1898

9. AGE (In years last birthday): 59

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): Control Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Western Auto Supply Co., St.Louis,Mo

11. BIRTHPLACE (City and state or country): Richmond Hgts,Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin J Massot

14. MOTHER'S MAIDEN NAME: Katherine V Munzlinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 488 01 0279

17. INFORMANT — Address: Mrs Chester M Massot Sr 7310 Ethel Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — unknown
DUE TO (c): 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. 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 Aug 15-1955 to Jan 12-58 and last saw ~~her~~ him alive on Jan 4-58
Death occurred at 12:00 Noon m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Karl L Keffler MD

22b. ADDRESS: 1139 Bellevue ave

22c. DATE SIGNED: Jan 14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-15-1958

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery

23d. LOCATION (City, town, or county): Saint Louis — (State): Missouri

24. FUNERAL DIRECTOR — ADDRESS: Hoffmeister Colonial Mortuary, 6464 Chippewa Street St. Louis 9,Mo

25. DATE RECD. BY LOCAL REG.: 1-14-1958

26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

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 casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 38

P. O. Address 7814 S.B.

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