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FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008074
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 661

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Overland</u> ^{423X}		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. L. COUNTY HOSP</u>			Length of stay in 1b <u>8 DAYS</u>	d. STREET ADDRESS <u>2635 Ashby</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Jean</u> Middle <u>F</u> Last <u>Mason</u>				4. DATE OF DEATH Month <u>3</u> Day <u>4</u> Year <u>58</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT 10-1876</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>CHIROPODIST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own business</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>JEAN F MASON</u>			13b. MOTHER'S MAIDEN NAME <u>MARIE FENNERTY</u>			14. NAME OF HUSBAND OR WIFE <u>AMELIA R. MASON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>AMELIA R MASON</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Senile Emphysema</u> DUE TO (c) <u>527.1</u>							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.)						
20c. TIME OF INJURY Hour <u>12:15</u> Month, Day, Year <u>3-4-58</u> a.m. <u>A</u> p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>2-24-58</u> to <u>3-4-58</u> and last saw her/him alive on <u>3-4-58</u> Death occurred at <u>12:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Angelo A. Spens M.D.</u> (Degree or title)					22b. ADDRESS <u>601 So. Brentwood</u>		22c. DATE SIGNED <u>3-4-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery St Louis Co</u>			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <u>Ortman Funeral Home</u> ADDRESS <u>Overland MO</u>			25. DATE RECD. BY LOCAL REG. <u>3-4-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

(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, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Al. C. Ostmann*

Licensed Embalmer No. *3478*

P. O. Address *Oreland 1*

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.