

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-019846

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1462

AMENDED

FILED JUN 6 1961

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in lb <u>3 DAYS</u>	c. CITY OR TOWN <u>Overland, Missouri</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY Hospital</u> XXXXXXXXXXXX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>601 S. Brentwood</u> <u>2035 X ARMY AVE.</u>
3. NAME OF DECEASED (Type or print) First <u>Rutherford</u> Middle Last <u>MASON</u>		4. DATE OF DEATH Month <u>5</u> Day <u>21</u> Year <u>61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/7/1878</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Toledo, Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>George Mason</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Unknown</u>	17. INFORMANT <u>Mrs. Ruth Mohr</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>Bilateral Diffuse Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 d.</u>	
DUE TO (b) <u>Hypostatic congestion.</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Bladder malignancy - metastatic @ ventricles</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>2:50</u> Month, Day, Year <u>5-17-61</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Clayton, Mo.</u>	COUNTY	STATE
21. I attended the deceased from <u>5-17-61</u> to <u>5-21-61</u> and last saw her/him alive on <u>5-21-61</u> Death occurred at <u>2:50 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
SIGNATURE <u>Albert P. Howe MD</u> (Degree or title)		22b. ADDRESS <u>6015 S. Brentwood-Clayton Mo.</u>	22c. DATE SIGNED <u>5/21/61</u>
23a. BURIAL, CREMATION, (Type of disposition) <u>BURIAL</u>	23b. DATE <u>5/25/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	23d. LOCATION (City, town, or country) (Style) <u>Berkerly, Mo.</u>
24. FUNERAL DIRECTOR <u>E. B. Kaone</u>	ADDRESS <u>1221 North Grand</u>	25. DATE RECD. BY LOCAL REG. <u>5-24-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 N. 5th St

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.