

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021433

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1639 STATE FILE NUMBER

FILED JUN 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4031

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy		Length of stay in 1b WKS-	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Hospt. Ostp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1215 Gratten St.
3. NAME OF DECEASED (Type or print) First Marie Middle Lee Last Mason		4. DATE OF DEATH Month 5 Day 29 Year 62	
5. SEX F.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/10/1900
9. AGE (last birthday) 62		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) Diet Maid		10b. KIND OF BUSINESS OR INDUSTRY St. Louis City	11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Henry D. Keneaster	
13b. MOTHER'S MAIDEN NAME Ellen Blackston		14. NAME OF HUSBAND OR WIFE Walter Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Mrs. Alice Gragg 2513 E. Dodier
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abundant amount of Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Pancreatic Cyst DUE TO (b) Metastasis of Ovarian Wall DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 3 mos One Month One Month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 a.m. p.m. Month, Day, Year	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 COUNTY STATE
21. I attended the deceased from 1958 to 5/29/62 and last saw her/him alive on 5/29/62 Death occurred at 4:30pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert D. Kinealy		22b. ADDRESS 7520 Natural Bridge	22c. DATE SIGNED 5/29/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/1/62	23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. 5-31-62	26. REGISTRAR'S SIGNATURE John Murphy

USE BLACK INK OR TYPEWRITER RIBBON

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 Herbert J. Law Jr

Licensed Embalmer No. 4808

P. O. Address Lirkwood 22 Mo.

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.