

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35692

Reg. 3352

State File No. ....

89311

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY		
b. CITY OR TOWN <u>915 North Grand Blvd St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>26 Days</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>			e. STREET ADDRESS (If rural, give location) <u>214 1/2 NORTH 4TH</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>G.</u> c. (Last) <u>MASSMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/29/54</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/11/93</u>	9. AGE (In years last birthday) <u>61 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Management</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Raymond, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>ERNEST C. MASSMANN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA A. ABBOTT</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MASSMANN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW-1</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. A. Hospital Records</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>MALIGNANCY IN THE LIVER (PROBABLY PRIMARY)</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b)	-	-	-
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)	-	-	-
	II. OTHER SIGNIFICANT CONDITIONS	CIRRHOSIS			
	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	-	-	<u>LSX</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>V.A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	-	-	-

22. I hereby certify that I attended the deceased from 9/3, 1954, to 9/29, 1954, ~~and that death occurred at~~ 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph P. Westphal</u>	23b. ADDRESS <u>915 N. Grand Ave. St. Louis, Mo.</u>	23c. DATE SIGNED <u>9/29/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
DATE REC'D BY LOCAL REG. <u>OCT 1 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>
DATE REC'D BY LOCAL REG. <u>OCT 1 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.J. Lahey, Madison, Illinois</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *J. Allen Craig*

Licensed Embalmer No..... *46*

P. O. Address..... *U.S.*

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.