

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32338

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No.

City **St. Louis**

(No. **People's Hospital**)

File No. **9431**

Registered No. **✓**

St.

Ward)

2. FULL NAME

Bertha J. Thomas

(a) Residence. No. **3746 Cook Ave., 11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

Col

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9/19 1929**

17.

I HEREBY CERTIFY, That I attended deceased from

9-19, 19**29**, that I last saw **her** alive on **9/19**, 19**29**, and that death occurred, on the date stated above, at **5 pm** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

54B
94B Embolism of
139C Coronary Artery (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) **Myocardial Infarction**
Operation for benign Tubercular Disease (duration) yrs. mos. da.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 51

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Work**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

139C
1. DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **9/18/29**
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Leo Commissions** M. D.
. 19 (Address) **2803 Pine**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) **MO**
(STATE OR COUNTRY)

10. NAME OF FATHER **Frank Thomas**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **MO**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Margaret Tucker**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **MO**
(STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary **9/23 1929**

20. UNDERTAKER

ADDRESS

C. W. Roberts **3035 Linn**

14. INFORMANT **Thelma Lewry**
(Address) **3746 Cook Ave.**

15. FILED **SEP 21 1929** **C. W. Roberts** REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

