

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

Do not use this space.

35870

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **No Baptist Hospital**)

File No.....

Registered No. **10675**

**2. FULL NAME**

**Ethel A Thomas**

(a) Residence. No. **2550<sup>1/2</sup> Palm** St., **20** Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Female**

**4. COLOR OR RACE**

**White**

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

**Married**

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

**Hugh A Thomas**

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

**May 28, 1901**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**28**

**5**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....

**Home**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Mo**

**10. NAME OF FATHER**

**Chas W Dodd**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Germany**

**12. MAIDEN NAME OF MOTHER**

**Emma Bier**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**USA**

**14.**

INFORMANT

(Address)

**Hugh A Thomas  
2550<sup>1/2</sup> Palm St**

**15.**

FILED

19

**Oct 31 1929  
Wm C Starck  
REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Oct 28, 1929**

**17.**

I HEREBY CERTIFY, That I attended deceased from **Oct 18/29**, 19**29**, to **Oct 28/29**, 19**29**, that I last saw her alive on **Oct 28**, 19**29**, and that death occurred, on the date stated above, at **1 P** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Purpural Septicemia  
(Cause unknown)  
1417  
108**

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

**Plural Pneumonia**

**Lobar**

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

**not known**

IF NOT AT PLACE OF DEATH

DID OPERATION PRECEDE DEATH? **no**. DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **C. O. Jones**, M. D.

**10-30-1929 (Address) 1316 Am Grand**

\*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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

**Mt Lebanon Cem.**

**Oct 31 1929**

**20. UNDERTAKER**

ADDRESS

**Drehmann/Carroll**

**1905 Union**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

~~Parts 74 & 2~~ 0/10

~~Univ Club B Jeff 8912~~

Dr C S O'Connor

1316 = 7 Grand

Len. 5025

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9-10

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