WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13942

File No.

Registered No. 3237

1. PLACE OF DEATH

County

Township

City St. Louis (No. Jewish Hosp. St. Ward)

Registration District No. 791 1002

Primary Registration District No.

2. FULL NAME Thomas, Maria

(a) Residence, No. 3164 Ohio St., 24 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. 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8 1854

7. AGE: YEARS 77 | MONTHS 10 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

FATHER

13. NAME: Louis Rambeau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Louis Rambeau 3164 Ohio Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE: [illegible] DATE: 4-4 1932

19. UNDERTAKER (ADDRESS): [illegible] Co. [illegible]

20. FILED: APR -2 1932 Max C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1932 to 4-1, 1932

I last saw her alive on 4-1, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1 yr
53 B	
53 B	

Other contributory causes of importance:

Name of operation: [illegible] Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl [illegible], M. D.

(Address) Jewish Hospital