

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township Carondelet

Primary Registration District No. 6248 E

City St. Joseph Hosp

(No. 201)

File No. 41545

Registered No. 419 St. _____ Ward)

2. FULL NAME

Edith Thomas

(a) Residence, No. 3400 Vista St. _____ Ward. C. 14

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vivian Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 16 - 1895</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER 13. NAME James Allen

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Simie Seapough

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Vivian Thomas
(ADDRESS) 3400 Vista

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul DATE Dec 23 1932

19. UNDERTAKER Rehmanns Truck Co
(ADDRESS) 4234 Manchester Ave

20. FILED Dec 21 1932 L. C. Brock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1-32, 1932, to 12-20, 1932

I last saw her alive on 12-20, 1932 Death is said to have occurred on the date stated above, at 10:30 P m.

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

Tuberculous Meningitis Date of onset _____
Pulmonary Tuberculosis
23A
24A 23
Other contributory causes of importance: 23
Tuberculous pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1932

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) Charles E. Giers, M. D.
(Address) 9101 So Broadway

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.

