

00714 1937

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

32283
Do not use this space.

1. PLACE OF DEATH: **Homer G Phillips Hospital**

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2601** N. Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **8** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8337**

2. PRINT FULL NAME **Esther Thomas**
(a) Residence, No. **2753 Goodfellow** St. **6**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 20, 1895**
7. AGE YEARS **42** MONTHS **7** DAYS **8** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **maid**
9. Industry or business in which work was done, as 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) **Arkansas**

FATHER 13. NAME **Robert Cornell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**

MOTHER 15. MAIDEN NAME **Susie Baker**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**

17. INFORMANT (ADDRESS) **Erlynn A. Thomas**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Sept. 4th 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Charles G. Gales**
4107 Finney Avenue

20. FILED 19 **SEP 4 1937**
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **June 29** 19**37** to **Aug. 28** 19**37**

I last saw her alive on **Aug. 28** 19**37** Death is said

to have occurred on the date stated above, at **6 A.** m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset **6/29/37**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clinical**. Was there an autopsy? **no**.....

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) **A. L. Lewis**, M. D.

(Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

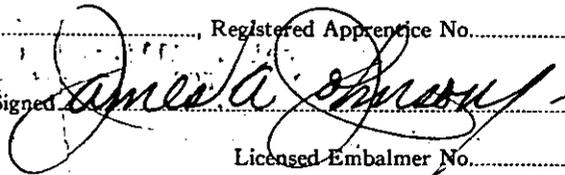
I, **James A. Johnson**, Licensed Embalmer No. **3522**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by **Self**

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)