REC'D MAY 24 1938

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

15687
Do not use this space.

1. PLACE OF DEATH
(a) County St. Charles — Registration District No. 757
(b) Township — Primary Registration District No. 3036 — Registered No. 51
(c) City St. Charles — (d) Street No. 530 Carr St 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Thomas 52.0
(a) Residence, No. 530 Carr St St. ☐ St. Charles, Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1915
7. AGE: YEARS 22 — MONTHS 7 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house 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) Illinois

FATHER
13. NAME Leslie C. Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Jennie U. Carlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs Barclay 4432 Washington
18. BURIAL, CREMATION, OR REMOVAL PLACE Carrolton, Ill DATE 4-6 1938
19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home 6322 S. Grand
20. FILED 4/4 1938 Clarence G. Nessler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3 1938

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest., to 4-4-1938, 19....
I last saw h..... alive on ....., 19..... 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
Asphyxiation. by illuminating gas, an act of her own hand and design.	

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Partial.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide. Date of injury 4-3-38, 19....
Where did injury occur? In home. St. Charles, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home.
Manner of injury suicide by gas.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John H Busl ####
(Address) Corner St. Charles. Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

APR 27 1948

STATEMENT BY LICENSED EMBALMER

I, Arthur C. Bauer, Licensed Embalmer No. 3155

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arthur C Bauer

Licensed Embalmer No. 3155

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