

REC'D JUL 12 1938

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

20099

Do not use this space.

5238

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St Louis** (d) Street No. **Jewsiah Hospital** 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 **William F. Thonson**

(a) Residence, No. **7043 Plateau** St. **4** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 25-1891**

7. AGE YEARS **47** MONTHS **0** DAYS **14** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Designer of Clothing**
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) **Finland**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Victoria Ross**
(ADDRESS) **7043 Plateau**18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **June 8, 38**19. FUNERAL DIRECTOR **Alexander & Sons**
(ADDRESS) **6175 Delmar Blvd.**20. FILED **JUN 8, 1938** **J.F. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/8**, 19 **38**22. I HEREBY CERTIFY, That I attended deceased from **May 2**, 19 **38**, to **6/8**, 19 **38**I last saw him alive on **6/7**, 19 **38** Death is saidto have occurred on the date stated above, at **2 a** m.

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

Chronic nephritis
Hypertension
81

Date of onset

Other contributory causes of importance:

Name of operation **none** Date of

What test confirmed diagnosis? Was there an autopsy?

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 **no**

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

If so, specify

(Signed) **Edward J. Bradley**, M. D.(Address) **4500 Atlantic St**

Alfred Goldman
Lister Bldg.
Fo. 9250
S
709 Skinker Pa 3492

STATEMENT BY LICENSED EMBALMER

I, jos. E. McCulloch, Licensed Embalmer No. 2460

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 jos. E. McCulloch
Licensed Embalmer No. 2460

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.)