

REC'D SEP 12 1938

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

791

27592
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 1008
 (b) Township _____ Primary Registration District No. _____
 (c) City St Louis (d) Street No. 2312 Wash 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian Tanner Thomas 520

(a) Residence, No. 2312 Wash St. 21 (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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phil Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18th 1917
 7. AGE YEARS 21 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 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) Alexander |
 (STATE OR COUNTRY) La. |

13. NAME Arthur Tanner |

14. BIRTHPLACE (CITY OR TOWN) Alexander |
 (STATE OR COUNTRY) La. |

15. MAIDEN NAME Edna Booths

16. BIRTHPLACE (CITY OR TOWN) Alexander |
 (STATE OR COUNTRY) La. |

17. INFORMANT Phil Thomas
 (ADDRESS) 4340 Cote Brillante

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE 8 + 28 1938

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home
 (ADDRESS) 2820 Stoddard St

20. FILED AUG 26 1938 J. B. Ruelich
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1938, to Aug 25 1938

I last saw her alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at 8 p.m.

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

Causes of Strains
(Chorio) Septicemia

Date of onset

Other contributory causes of importance:

Misadventure of Kenya

Name of operation _____ Date of _____

What test confirmed diagnosis Typhoid 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 _____, 1938

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? no

If so, specify Dr. Vanover M. D.

(Signed) Dr. Vanover M. D.
 (Address) 3115 N. Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

L. Boykin
Myself

Registered Apprentice No....., working under my personal supervision.

Signed.....

Tommy Boykin

Licensed Embalmer No.....

2956

P. O. Address.....

2820 Hodder

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.)

If this body is not embalmed, above space should be left blank.