

REC'D OCT 12 1938

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

30414
Do not use this space.

791
1008

Registered No. 7851

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Homer Phillips Hospital St. UNKNOWN
(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

Cora Thomnton 16.5"
(a) Residence, No. 1918 Linden 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 F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Thornton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 1
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) unknown
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. INFANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Sept 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dement - son
2631 Wash St

20. FILED SEP - 8 1938 J. P. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1938 to Sept. 2 1938

I last saw h. or alive on Sept. 2 1938. Death is said to have occurred on the date stated above, at 7:02a.m.

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

Hypertensive heart disease Date of onset 8/27/38

Other contributory causes of importance: Cerebral hemorrhage

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) J. Lynn 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.

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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 L. Boykin, or by Myself

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

Signed Lomnie Boykin

Licensed Embalmer No. 2946

P. O. Address 2826 Loder

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.