

JUL 12 1939

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

20350  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .... 791  
(b) Township ..... 1 Primary Registration District No. .... 1003  
(c) City ..... St. Louis ..... (d) Street No. .... 768 Clara Ave. .... 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 63 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. .... 5194

2. PRINT FULL NAME Ella C Thomas

(a) Residence, No. .... 768 Clara Ave. .... St. .... 12  
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.B. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th: 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 11 #

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) St. Louis (STATE OR COUNTRY) Mo

13. NAME James Carroll

14. BIRTHPLACE (CITY OR TOWN) N.Y. (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Margaret Walsh

16. BIRTHPLACE (CITY OR TOWN) Washington D.C. (STATE OR COUNTRY)

17. INFORMANT Dr. Leo K Manning (ADDRESS) 5669 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cent DATE 6/10/39

19. FUNERAL (ADDRESS) Morrison & Sheahan Und Co 4415 Washington Blvd.

20. FILE JUN 9 1939 J. F. Budich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/8/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to June 1939  
I last saw her alive on 6-7-39. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Hypertension  
Nephritis, Atherosclerosis  
Date of onset Jan 1935

Other contributory causes of importance:  
Name of operation ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) R. O. ... M. D.  
(Address) 5669 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X18605

Dr Furlong  
5664 Delmar Blvd  
Delmar, Del.

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

Registered Apprentice No.

working under my personal supervision.

Signed

Homer W. Dritz

Licensed Embalmer No. 3882

P. O. Address

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.