DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27640

Registration District No. 791 | Primary Registration District No. | Registrar's No. 7140

1. PLACE OF DEATH 1003

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4261 a Kennerly (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Infant of Ishmael and Adelene Thames 520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) 16 (Day) '39. (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace Peoples Hosp. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ishmael Thames
13. Birthplace Ma Gee, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adelene Minor
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. Thames
(b) Address 4261 a Kennerly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/'39. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director A Russell Mud Co
(b) Address 2732 Pine St.

19. (a) AUG 17 1939 (Date received local registrar) (b) J. F. Brodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1939 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Mis Carriage 4 mo. Gestation | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Williams (M. D. or other) MD
Address Peoples Hospital Date signed 8/16/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

## 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.....

No Embalming....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**