

WHILE LIVING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1-11031

4 1939 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40784

State File No. _____

Registrar's No. 2056

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 9 1939
Registration District No. 727

Primary Registration District No. 104

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
429 Harrison Ave 2
(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)

3. (a) PRINT FULL NAME Theresa Micheal 240
3. (b) If veteran, name war. no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January 14 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Frank Meyer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Fraser
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Margaret Thomas
(b) Address 429 Harrison Ave.

17. (a) Burial (b) Date thereof Nov 25 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemty

18. (a) Signature of funeral director Jas. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) NOV 24 1939 (b) R. Meyer
(Date received local Registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri 1 (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 429 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 22
year 1939 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 9th 1939 to Nov 22nd 1939
that I last saw her alive on Nov 22nd 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 19.30

Due to _____
Due to undetermined

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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) 2
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Roy Johnson (M. D. or other) _____
Address Ferguson Mo Date signed 11-24-39

Dr. J. W. Clark
- Ferguson, Mo.

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..... *J. W. Clark*.....

Licensed Embalmer No..... *1661*.....

P. O. Address *1125 Hodiament Ave.*.....

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.