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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2119

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.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: 1020a N. Pendleton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community: Unknown  
years, months or days

3. (a) PRINT FULL NAME: Mary Thomas

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: Female 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Mathew 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Unavailable about 1870  
(Month) (Day) (Year)

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

about 70

9. Birthplace: Pensacola Florida  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: Charles Ames

13. Birthplace: Pensacola Florida  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth, unavailable

15. Birthplace: Montgomery Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Wend Thomas

(b) Address: 3424 Pine St.

17. (a) Burial (b) Date thereof: March 4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Father Dickinsons

18. (a) Signature of funeral director: Charles J. Bates

(b) Address: 4107 Finney Ave.

19. (a) MAR 2 1940 (b) J. J. [Signature]  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County \_\_\_\_\_

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

(d) Street No.: 1020a N. Pendleton  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29th  
year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 12  
\_\_\_\_\_, 19\_\_\_\_, to Feb 29th, 19\_\_\_\_.

that I last saw her alive on Feb 29, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Arteriosclerosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: W. J. [Signature] (M. D. or other) \_\_\_\_\_

Address: 5316 [Address] Date signed: 3/1/40

**STATEMENT BY LICENSED EMBALMER**

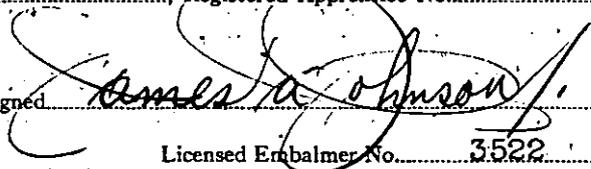
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**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.**