

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29555**

Registration District No. **784**

Primary Registration District No. **100**

Registrar's No. **1466**

I. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Brentwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Gould-Worth Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Wks.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Thomas** **520**

3. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased **Nov. 23, 1861**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Richard Barrett**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lottie Meredith**

(b) Address **7444 Weaver**

17. (a) **Burial** (b) Date thereof **8-3-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **AUG - 3 1940** (b) **J. R. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **7444 Weaver**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **1**
year **1940** hour **11** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **July 3rd**
19**40**, to **August 1st 1940**;
that I last saw her alive on **July 31**, 19**40**;
and that death occurred on the date and hour stated above.
Immediate cause of death **Heart failure**

Due to **Chronic myocardial degeneration** _____ years
Due to **Generalized arteriosclerosis** _____ years
Other conditions **Scurvy** _____ years
(Include pregnancy within 3 months of death)

Major findings: **93c**
Of operations _____
Of autopsy _____

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 **P. A. Nussbaum** (M. D. or other) _____
Address **3651 Grandel Sq** Date signed **8-2-40**

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

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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, or by.....

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

working under my personal supervision.

Signed.....

H. P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.