

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

REC'D OCT 25 1940

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Norma Thomas
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

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

7. Birth date of deceased June 28 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Invalid

11. Industry or business _____

12. Name A. J. Thomas

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

14. Maiden name Lucy Lovelace

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

16. (a) Informant Mrs. A. J. Thomas

(b) Address Brunot, Mo.

17. (a) Removal (b) Date thereof 9-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desarc, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 4 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-3-40 day _____
year _____ hour 11:50 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2-13-40
_____, 19____, to 9-3-40, 19____;
that I last saw him alive on 9-3-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis (Mycosis) fungoides

Due to _____
Due to 43
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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 Tom Mueller (M. D. or other) M.D.
Address 3720 Washington Date signed 9/4/40

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Albert G. Kopp

Licensed Embalmer No. 2971

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.