

STANDARD CERTIFICATE OF DEATH

33509

State File No.

8206

Registrar's No.

NOV 16 1940

791

Primary Registration District No.

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:
Mrs. Williams Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 5 mos. 3
(Specify whether years, months or days)

In this community 30 years

3. (a) PRINT FULL NAME Mary Elizabeth Tharp

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

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas Tharp

6. (c) Age of husband or wife if alive 1857 years

7. Birth date of deceased Feb. 7 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER { 12. Name Robert Allen

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

14. Maiden name Nancy Stockton

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

16. (a) Informant Nelle Jacob

(b) Address 6714 Edison

17. (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. Oct 2 1940 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town PINE LAWN St. Louis NR
(If outside city or town limits, write "RURAL")

(d) Street No. 6714 Edison Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1940 hour 7:00 minute M.

21. I hereby certify that I attended the deceased from June 8 1938 to Oct 1 1940
that I last saw her alive on Oct 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
apoplectic stroke
Arterio sclerosis

Due to.....

Due to Chronic Nephritis

Duration 3 da

Other conditions 1/2/1
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN J. F. Prudek
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 1 HD

23. Signature J. F. Prudek (M. D. or other) MD
Address 340 Bernhardt Date signed 10-2-40

Mr. G. J. Hinkley
340 Bunnell
Ev-4940
Mrs. 8 to 10 A.M.
6 to 8 P.M.

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. Wm Binkley
Licensed Embalmer No. 3653
P. O. Address St Louis Mo

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, fact should be so stated above.