

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yr. 11 mo. 3
years, months or days (Specify whether
years, months or days)
21 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 137
(d) Street No. 4043a Cook Ave.
dy. 5800 Arsenal (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1941 hour 6.45 minute P.M.
21. I hereby certify that I attended the deceased from June 21st,
1937 19 to May 23 rd 1941;
that I last saw him alive on May 23rd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Edema of Lungs
Rectal Fistulae (Multiple)
Due to Non malignant
Anemia (Secondary)
Due to Manic Depressive Psychosis

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy NO

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 Hubert V. Smith (M. D. or other) PHD
Address 5400 Arsenal Date signed

3. (a) PRINT FULL NAME ARZELLA THOMAS
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eugene Thomas 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 17th 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 10 6 dys hr. min.

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

10. Usual occupation Waitress

11. Industry or business Cafeteria

12. Name George Lindsay

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

14. Maiden name Lovie Bottle

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

16. (a) Informant John Smith
(b) Address 5400 Arsenal St.

17. (a) (b) Date thereof 5-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. F. Charles
(b) Address 2625 Glasgow

19. (a) MAY 27 1941 (b) L. F. Gredeck
(Date received local registrar) (Registrar's signature)

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.....

W. Richardson

Licensed Embalmer No. *2828*

P. O. Address *2628 Glasgow*

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.