

No. 2
13-40
17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

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:
1838 Menard St.
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution _____
(Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME **Annie Thomas**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **George Thomas** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **July 27, 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	18	hr. _____ min. _____

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Kanas**

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

14. Maiden name **Bertha Martha**

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

16. (a) Informant **George Thomas**

(b) Address **1838 Menard St.**

17. (a) **Burial** (b) Date thereof **June 16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **Wm O. May dell**

(b) Address **1926 Allen Ave.**

19. (a) **JUN 14 1941** (b) **W. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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")

(d) Street No. **1838 Menard St.**
(If outside city or town limits, write "RURAL")

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

MEDICAL CERTIFICATION
NO ATTENDING PHYSICIAN

20. DATE OF DEATH: Month **June** ¹ day **14th**
year **1941** hour **3** minute **45** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**
Arteriosclerosis

Due to _____

Other conditions: **None**

Major findings: **None**

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) (a) Means of injury _____

23. Signature **W. F. Bredeck** (M. D. or other) **3**
Address **1926 Allen Ave.** Date signed **6/14/41**

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..... *Benz C. Duman*

Licensed Embalmer No..... *2272*

P.O. Address..... *1926 Allen*

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.