

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30172  
Registrar's No. 7511

Registration District No. 7011

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:  
3729a Michigan Ave. /  
(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. Josephine B. Thomas  
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 Married  
6. (b) Name of husband or wife. Joseph H. 6. (c) Age of husband or wife if alive. 58 years  
7. Birth date of deceased. October 4, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 11 13 hr. min.

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

10. Usual occupation. At home

11. Industry or business.....

12. Name Joseph Schmat  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Petrusek  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Joseph H. Thomas  
(b) Address. 3729a Michigan Ave.

17. (a) Burial (b) Date thereof Sep. 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. SS. Peter & Paul Cem.

18. (a) Signature of funeral director. J. N. Hobbs & Co.  
2842 Meramec St.  
(b) Address.....

19. (a) SEP 17 1941 (b) J. V. 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, 16 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3729a Michigan Ave. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th  
year 1941 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1937  
Feb 17 1941 to Sept 17 1941  
that I last saw her alive on Sept 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death. Natural Regurgitation  
Duration

Due to.....

Due to.....

Other conditions. 97  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. 97  
Of autopsy. 97  
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?

(Specify type of place)  
While at work?..... (e) Means of injury.....

23. Signature J. V. Bredeck (M. D. or other).....  
Address 2842 Meramec St. Date signed 9/17/41

**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.....

*John Ketter*

Licensed Embalmer No. *3880*

4355 Washington Blvd.

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.**