

DEC 23 1941

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2504

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7772 Weaver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7772 Weaver
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Thomas Douglas

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

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

7. Birth date of deceased June 7, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 1 _____ hr. _____ min.

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

10. Usual occupation Flower Salesman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Daisy Ellerbeck

(b) Address 7772 Weaver

17. (a) Burial (b) Date thereof 12-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) DEC 9, 1941 (b) E. G. McHaron
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month _____ day 12/8/41
year _____ hour _____ minute 36 A. M.

21. I hereby certify that I attended the deceased from 12/3/41, 19____, to 12/8/41, 19____; that I last saw him alive on 12/3/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Endocarditis?

Due to La grippe

Other conditions 920
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 E. G. McHaron (M. D. or other) MD

Address 991 Virginia Street Date signed 12/8/41

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

MOTHER FATHER

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. P. Burgess*
Licensed Embalmer No. *4029*
P. O. Address..... *Maplewood*

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.