V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13119

Registrar's No. 4128

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:
4130 Cook 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006

(c) City or town 4130 Cook Ave. 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. St.Louis 9
(If rural, give location) 0

(e) Citizen of foreign country? American (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Marie Thomas

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

3. (c) Social Security No. --

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife J.Clinton Thomas

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 12th. 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	26	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Morton
13. Birthplace Paducah (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Fremont
15. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J.Clinton Thomas
(b) Address 4130 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas.J.Gates
(b) Address 4107 Finney Ave.St.Louis

19. (a) MAY 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th.
year 1942 hour 2:55 minute p. M.

21. I hereby certify that I attended the deceased from October 1st, 1941, to May 8th, 1942
that I last saw her alive on May 8th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Inefficiency — Duration 7 wks

Due to 5

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations A Malignant abcess of left breast — 4 months
Of autopsy

PHYSICIAN
Underline the cause 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 2

23. Signature Wm L Perry (M.D. or other)

Address 4452 Kennerly Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.