

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

16732

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **4465**

FILED JUN 10 1942 791

Registration District No. ....

Primary Registration District No. **1003**

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

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17  
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1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**  
(Specify whether)

In this community **7 years**  
years, months or days

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. **2942 Bell**  
(If rural, give location)

(e) Citizen of foreign country? **00** (Yes or No)  
If yes, name country.....

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

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

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

6. (b) Name of husband or wife **James Thomas** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **November 21 1896**  
(Month) (Day) (Year)

8. AGE: Years **45** Months **5** Days **29** If less than one day  
hr. min.

9. Birthplace **Carters Grove Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Walter Howard**

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

14. Maiden name **Bettie Dudson**

15. Birthplace **Carters Grove Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Reba Rogers**

(b) Address **2942 Belle Av. Apt. 204**

17. (a) **Removal** (b) Date thereof **5-23-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Martin Tenn.**

18. (a) Signature of funeral director **Peoples Und. Co.**

(b) Address **3100 Franklin Ave.**

19. (a) **MAY 22 1942** **J. F. Presack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**,  
year **1942** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May**  
**16,** 19 **42** **May 20,** 19 **42**;  
that I last saw him **alive** on **May 20,** 19 **42**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**  
Duration **4 days**

Due to.....

Due to.....

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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 **H. J. Evers** (M. D. or other).....  
Address **2601 Whittier** Date signed **5/21/42**

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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.....

*Jodie Pettus*

Licensed Embalmer No. *4184*

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.**