

S. No. 2
M-9.4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31443

State File No.

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1893

1. PLACE OF DEATH

(a) County St Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(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 LOUISE THOMAS.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 4 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm. Sentman
(b) Address 437 S. Maple, Webster Groves, Mo.

17. (a) Burial (b) Date thereof 9-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manchester Meth. Cem.

18. (a) Signature of funeral director Louis H. Boop, Inc.

(b) Address 31 W. Argonne, Dr. Kirkwood, Mo.

19. (a) SEP 10 1942 (b) E. M. Garon, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Ballwin 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 20th 1942 to Sept 8th 1942
that I last saw her alive on Sept 8th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to 93d

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
If operations _____
autopsy _____

22. Death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where and 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 R. M. Janssen (M. D. certified)
Address Manchester, Mo. Date signed 9/9/42

(Licensed Embalmer's Statement on Reverse Side)

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

96000

