

FILED FEB 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 814

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether

In this community..... 8 mos. 27 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
17

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL") 921

(d) Street No. 1113a Glasgow
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Clarice Thomas

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 22 day
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 15, 1942 to December 22, 1942; that I last saw h. er. alive on December 22, 1942; and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased March 25, 1942
(Month) (Day) (Year)

Immediate cause of death..... Bronchopneumonia 10 days
Primary

Due to.....

Due to..... 107

8. AGE: Years Months Days If less than one day

0 8 27 hr. min.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Infant

11. Industry or business.....

12. Name Sam Thomas

13. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

14. Maiden name Jettie Lee Polk

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

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 S. R. Barrett (M. D. or other)
Address 2601 W. Whittier Date signed 12/23/42

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof JAN 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of general director H. Merschinger
(b) Address City Health Dept.

19. (a) JAN 27 1943 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.