

FILED JAN 19 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 224

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1921 Warren St. /
(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)

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. 1921 Warren St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Norah Thomson.

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

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

6. (b) Name of husband or wife James Thomson. 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased. April 9 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 28 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name John Buggy.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)
14. Maiden name Bridget Belaon.
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant James Thomson Jr.

(b) Address 1921 Warren St.

17. (a) Burial (b) Date thereof 1-11-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) Jan 10 1943 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month JAN day 7th
year 1943 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from May 6 1940 to Jan 7th 1943
that I last saw h. er alive on Jan 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic endarteritis
arteriosclerosis
Diabetes Mellitus
Due to _____ 6 mo
Due to _____ ?

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

Major findings: _____
Of operations _____
Of autopsy _____

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 Robt O'McLiam M.D. (M.D. or other) MD
Address 4356 Trarred Date signed 1/8/43

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

The Chain:

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 Homer L. Ponder
Licensed Embalmer No. 3867
P. O. Address. 223 St. Louis 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.