

FILED APR 3 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No. 2795

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:
1828 Papin, St. 1
(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 MO (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1828 Papin, St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Jessie 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 2 divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 8 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 10 hr. _____ min.

9. Birthplace unk. Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Thomas Black
13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Joan Smith
15. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant John Thomas

(b) Address 2328 Coler St

17. (a) Burial Mar 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Fibers, Ave.

19. (a) MAR 26 1943 J. F. Brudack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain & Primary
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Alfred Perry (M. D. or other) _____
Address 2931 Fibers Ave Date signed 3/24/43

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

MOTHER FATHER

9411

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.