V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19548

Registrar's No. 5824

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Congress Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 Yr

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 912
(If outside city or town limits, write "RURAL")

(d) Street No. 275 N. Union Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS FINNEY ENGLISH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna C. English

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 7 (Month) 17 (Day) 1862 (Year)

8. AGE: Years 80 Months 11 Days 8 If less than one day hr. min.

9. Birthplace New Philadelphia (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Ret'd President

11. Industry or business English Bros Machinery Co.

MOTHER FATHER

12. Name John English

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

14. Maiden name Lucinda Coventry

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

16. (a) Informant Mrs. Anna English

(b) Address Congress Hotel

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Kansas City~~ INDEPENDENCE, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JUN 29 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1943 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from February 12, 1943 to June 25th, 1943 that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis — Duration —

Due to Generalized arteriosclerosis — Duration yrs

Due to

Other conditions Carcinoma of jaw
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John L. Horner (M.D. or other) M.D.

Address 114 N. Taylor St. L Date signed 6-25-43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCullah

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.