

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2504 Belt Ave. 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 all life years, months or days)

3. (a) PRINT FULL NAME MAGGIE G. GRAVES

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

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

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

7. Birth date of deceased Dec. 20 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business John Thomas

12. Name John Thomas 13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Maggie Thomas 15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Richard

(b) Address 2504 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Samuel Smith

(b) Address 4247 N. Republic Ave.

19. (a) JUN 25 1943 (Date received local health) (b) J. F. Cordick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. 2504 Belt Ave. (If rural, give location)
 (e) Citizen of foreign country? no or Not
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1943 hour 5 minute P.

21. I hereby certify that I attended the deceased from June 22nd 1943 to June 22nd 1943 that I last saw her alive on June 22nd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension & arteriosclerosis

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 car

23. Signature Clyde B. Kern (M. D. or other) MD
 Address 706 Walton Date signed 7/24/43

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 *Amelia J. Huskell*.....

Licensed Embalmer No. *3022*.....

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.