

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20084

FILED JUL 8 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5963

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: 8 Hours St. Louis Childrens Hospital
(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. 2814 Ohio Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THERESA REGINA THOMAS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 30th 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 29 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Thomas
13. Birthplace St Louis
(City, town, or county) (State or foreign country)
14. Maiden name Roberta Cameron
15. Birthplace St Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Thomas
(b) Address 2814 Ohio Ave.

17. (a) Burial (b) Date of burial July 1st/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stodolick & Son
(b) Address 2906 Gravois Ave.

19. (a) JUN 22 10 13 (b) J. F. Pudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 43 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-28, 1943 to 6-28, 1943
that I last saw her alive on 6-28-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Hepatomegaly
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? _____

While at work? _____ (Specify type of place)
(e) Means of Injury _____
23. Signature J. F. Barnett (M. D. or other)
Address 100 S. Kingshighway Date signed 6-29-43

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

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.....

Therolotis

Licensed Embalmer No.....

1619

P. O. Address.....

2906 Graves

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.