

S. No. 2  
M-2-43  
5-17-39  
PI X-562

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33598  
33598 ✓  
State File No.  
9533  
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Peoples' Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days  
In this community 6 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saint Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 704 North Elm Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME MARGARET E. THOMAS  
3. (b) If veteran, name war ---  
3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 28  
year 1943 hour 2 minute 40 A. M.

4. Sex Female 5. Color or Race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clarence Thomas  
6. (c) Age of husband or wife If alive 28 years  
7. Birth date of deceased December 6 1918  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 7 1943 to Oct 28 1943  
that I last saw her alive on Oct 28 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
24 10 22 hr. --- min.

Immediate cause of death Generalize Peritonitis  
Due to Ruptured Tubo-ovarian Abscess  
Duration 10 days

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

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation Wrapper  
11. Industry or business Lane Bryant Clothing Company

Major findings: Ruptured Tubo-ovarian Abscess  
Of operations ---  
Of autopsy no  
PHYSICIAN ---  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name William Rogers  
13. Birthplace Tubelo Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Naomi Reid  
15. Birthplace Unavailable Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Thomas  
(b) Address 704 N. Elm St., Webster Grvs.

12. 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? ---

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

While at work? (Specify type of place) (c) Means of Injury ---  
23. Signature Dr. E. J. ... (M. D. or other) ---  
Address Compton & Chouteau Day 10/28/43

19. (a) OCT 29 1943 (b) J. J. ...  
(Date received for registration) (Registrar's signature)

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  
Thomas J. Gates, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed 

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**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.**