

FILED DEC 3 1943 **818**

Registration District No. _____

Primary Registration District No. _____

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:
3451a Utah St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas B. Court, Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-01-6427

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie (Fieber) Court 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 14 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Plumber

11. Industry or business _____

12. Name Thomas Court

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

14. Maiden name Jennie Green

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

16. (a) Informant Carrie Court

(b) Address 3451a Utah St.

17. (a) Cremation (b) Date thereof 11/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John S. Ziegenhein & Sons

(b) Address 7027 Grayoils Ave

19. (a) _____ (b) J. F. Brudack
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County XX
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3451a Utah St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
 year 1943 hour 10:55 minute P M.

21. I hereby certify that I attended the deceased from Sept 14 1943 to Nov 16 1943
 that I last saw him alive on Nov 16 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocarditis
Chronic Arteriosclerosis
Cardiac failure

Due to _____

Other conditions: 93
(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)

23. Signature Blau 9101121 (M. D. or other) 11/18

Address 5839 E. Avenir Date signed _____

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

MOTHER FATHER

Duration
3 1/2
3 1/2
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *C. F. Kidwell*

Licensed Embalmer No..... *3877*

P. O. Address..... *7027 Hravois*

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.