

12218

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1944

Registration District No. 3944

Primary Registration District No. 2002

Registrar's No. 866

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7139 FORSYTHE BLVD
(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 Mo (b) County ST LOUIS
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7139 FORSYTHE BLVD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AGNES 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, WIDOWED
6. (b) Name of husband or wife MELVIN A. THOMAS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC 29 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name SAM WELLS Unknown 9

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

14. Maiden name ELIZABETH HERMAN

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

16. (a) Informant Mrs. John Moore

(b) Address 7139 Forsythe Bl.

17. (a) BURIAL (b) Date thereof APRIL 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director W. Muller

(b) APR 9 1944 Elmer Bl.

19. (a) APR 11 1944 (b) E. J. McMoran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9th
year 1944 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 8 1944 to April 9 1944
that I last saw her alive on April 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage.

Duration 3 days

Due to Hypertension years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8201
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thos G. Nappes (M. D. or other) _____
Address 607 N. Grand St. Date signed 4-10/44

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

0. 2
2-43
7-39
X35697

MAY 19 1947

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

H. G. Harris

Licensed Embalmer No.

3384

P. O. Address

St Louis

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.