

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1243

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mt St. Rose Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs  
(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 Kirkwood 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 Way Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Eaton Thomas

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

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

6. (b) Name of husband or wife Abbott Thomas 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years 75 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name George K. Eaton

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

14. Maiden name Elizabeth Moses

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

16. (a) Informant Abbott Thomas  
(b) Address Keiffers Beach, Marshall, Md

17. (a) Burial (b) Date thereof 8-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Louis H. Bapp, Inc

(b) Address 1212 N. 1st St. St. Louis, Mo.

19. (a) JUN 6 - 1944 (b) E. D. Savran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 6  
1944, to June 3, 1944  
that I last saw him alive on June 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 4 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 132-1

Other conditions Atelactasis  
(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 \_\_\_\_\_

Signature John C. Murphy (M. D. or other) M.D.

Address 9018 Broadway Date signed 6-3-44

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

MOTHER FATHER

DEC 27 1944

DEC 8 1944

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**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 Felix Alvarado

Licensed Embalmer No. 3034

P. O. Address Kirkwood Mo

**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.**