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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20354

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5334

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 40 years 0
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 009

(c) City or town St. Louis, 219
(If outside city or town limits, write "RURAL")

(d) Street No. 2313 Delmar
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Fe.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years About 41 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name John Emory
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Spofford Osby
(b) Address 2313 Rear Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 13 44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) JUN 12 1944 (Date received by local registrar) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 5, year 1944 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 31, 1944, to June 5, 1944; that I last saw her alive on June 5, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchopneumonia (autopsy) | abt. 1 3k. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

23. Signature Alva Moore (M. D. or other)
Address 2601 Whittier Date signed 6/7/44

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 2928

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**