V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

1289

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26052

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7370

1. PLACE OF DEATH: ~~1618a Cole~~
(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: 1618a Cole Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1618a Cole St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THELMA BARNS
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced no
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 22 (Day) 1902 (Year)

8. AGE: Years 42, ~~1900~~ Months 6 Days 19 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation House Work
11. Industry or business no
FATHER
12. Name Augusted Martin
13. Birthplace S. Carolina (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Jennie Johnson
15. Birthplace St Louis (City, town, or county) (State or foreign country) 0
16. (a) Informant Joseph Wells
(b) Address 1618a Cole
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington PK
18. (a) Signature of funeral director J. L. Thoms
(b) Address 1721 Franklin
19. (a) AUG 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1944 hour 11 minute 15 A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Alfred Perry (M. D. or other)
Address Apply Cotton Date signed 8/21/44

(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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.