V. S. No. 2
00M—2-43
Rev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32531

Registration District No. FILED NOV 15 1948

Primary Registration District No. 1003

Registrar's No. 9454

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2910 BARRETT ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NIL (Specify whether years, months or days)

In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2910 BARRETT ST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME THOMAS PATRICK LISTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 497-20-2982

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JENNIE LISTON

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased JUNE (Month) 13 (Day) 1863 (Year)

8. AGE: Years 81 Months 4 Days 22 If less than one day hr. 4 min.

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

10. Usual occupation BAGGAGE CLERK

11. Industry or business DE SOTO HOTEL

MOTHER FATHER

12. Name UNK. LISTON

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

14. Maiden name ELLA SPELLMAN

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

16. (a) Informant MRS JENNIE LISTON

(b) Address 2910 BARRETT ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. PETER & PAUL

18. (a) Signature of funeral director Gluedmeyer

(b) Address 3934 N. 20 ST.

19. (a) NOV 8 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5th year 1944 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 26, 1943, to nov. 5, 1944; that I last saw him alive on nov. 1, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death valvular heart disease — Duration not known

Due to

Due to

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

23. Signature George L. Mueller (M. D. or other)

Address 2504 N. 14 Date signed Oct 6. 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. Alfred F. Biedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.