

FILED NOV 22 1944
318

Primary Registration District No. 1003

Registrar's No. _____

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: 4472 Cook Ave
(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 Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4472 Cook Ave. Apt. 23
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mariah Thomas

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 23 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 20 If less than one day _____
hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Dave Martin

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

14. Maiden name Rosie Jefferson

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

16. (a) Informant Anna Gholson
(b) Address 6171 Bertha Ave.

17. (a) Removal (b) Date thereof 11-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (c) Signature of funeral director J. F. Bredegar

(b) Address 3517 Soledad Ave

19. (a) NOV 15 1944 (b) J. F. Bredegar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 44 hour 3:20 minute 09 M.

21. I hereby certify that I attended the deceased from Aug 1
1944 to Nov 13, 1944

that I last saw her alive on Aug 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration _____

Due to Hypertension

Due to _____

Other conditions _____
(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)
(c) Means of injury _____

23. Signature J. F. Bredegar (M. D. or other) _____
Address 2316 Market Date signed 11/14/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed: 

..... Licensed Embalmer No. 1173

..... P. O. Address 3517 Soledad Ave

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.