

7. S. No. 2
DOM-5-43
ev. 5-17-39
I: X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4893
State File No. _____
Registrar's No. 915

Registration District No. 318

Primary Registration District No. 100c

Registrar's No. 915

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:
Res. 5020 W. Florissant 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 Missouri. (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5020 W. Florissant Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRIET GILMORE THAMES.
3. (b) If veteran, name war none.
3. (c) Social Security No. none.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan'y. day 27th,
year 1945. hour 5 AM minute _____ M.
21. I hereby certify that I attended the deceased from Jan 25 - 45 -
_____ 19____, to Jan 26 - 1945.
that I last saw her alive on Jan 26 - 1945.
and that death occurred on the date and hour stated above.

4. Sex Female, 5. Color or race White.
6. (a) Single, widowed, married, 2 divorced Widowed.
6. (b) Name of husband or wife Edward D. Thames.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 7, 1875.
(Month) (Day) (Year)

Immediate cause of death Hypertensive hemorrhage
for Poperson disease +
arteriosclerosis
Due to Coronary Atherosclerosis +
Malnutrition
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
69. 4. 20. hr. _____ min.

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

10. Usual occupation Retired.

11. Industry or business School Teacher.

12. Name Harvey H. Gilmore.

13. Birthplace Cook County, Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Coon.

15. Birthplace Cook County, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carol T. Palmer.
(b) Address 5020 W. Florissant Ave.,

17. (a) burial. (b) Date thereof 1/29/45.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) JAN 29 1945 J. F. Brudeck
(Date received local Registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. E. Hoff (M. D. or other)
Address 3907 Olive Date signed Jan 28/45

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

Dr. A. H. Hobbs
3903 Olive
St. L. - 4680
Nov. 2 to 4 P.M.

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 *Clarence N. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, 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.