

FILED MAR 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1995

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:
5656 CLEMENS AVE 1
(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

3. (a) PRINT FULL NAME CLARA THOMAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MAY 11 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name EMIL THOMAS

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

14. Maiden name MARGARET BRENNAN

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

16. (a) Informant Mr. Paul Gleason

(b) Address 14 Windsor Ave. Pl.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MCH-2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director J. Mullen Ind Co.

(b) Address 5165 DELMAR BL.

19. (a) MAR 1 1945 (Date received local registrar) J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 15

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

(d) Street No. 5656 CLEMENS AVE (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1945 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 28 1945 to Feb 28 1945 that I last saw him alive on Feb 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hrs

Due to arterio sclerosis 3 yrs

Due to hypertension 3 yrs

Other conditions (Include pregnancy within 3 months of death) 8 yrs

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 Wm. J. ... (M. D. or other) _____

Address 4452 Maryland Date signed 2-28-45

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

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 N. J. Harris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.