

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39859

State File No.

FILED DEC 31 1945

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10630

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(c) Name of hospital or institution: CITY ISOLATION HOSPITAL. D
(d) Length of stay: In hospital or institution 11/18/44 to 12/5/45 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 5800 ARSENAL ST. 713
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME GENEVIEVE 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

7. Birth date of deceased JULY 7th 1899 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	4	29	hr. min.

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

10. Usual occupation NIL Home

11. Industry or business

12. Name HENRY P THOMASICK. 13. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

14. Maiden name ANNA FREDERICK 15. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS, (b) Address 5800 ARSENAL ST.

17. (a) Burial (b) Date thereof Dec. 8, 1945. (c) Place: burial or cremation Sunset. Burial Park

18. (a) Signature of funeral director Wacker-Bilderle (b) Address DEC 7 1945

19. (a) (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 5th year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 28, 1942, to December 5, 1945 that I last saw her alive on 12/5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio Vascular Disease Due to Diabetis

Duration 1944+ 1945+

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?

23. Signature J. P. Primm Bowditch (M. D. or other) Address Isolation Hosp. Date signed 12-6-45

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 Frank J. Holland
Licensed Embalmer No. 2645
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.