S. No. 2
OM—2-43
v. 5-17-39
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. 39861

FILED DEC 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11038

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 20 years
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. 1803 Franklin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 alive years

7. Birth date of deceased Dec., (Month) 26 (Day) 1891 (Year)

8. AGE: Years 53 ~~54~~ Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Richard Willet
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Williams
(b) Address 2923a. Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St.

19. (a) DEC 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1945 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from 12-5- 1945, to 12-16 1945;
that I last saw her alive on 12-16 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

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 O. L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/18/45

(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 C Boykin, Registered Apprentice No. [illegible], working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.