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Ev. 5-17-39
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18985

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 17 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4179

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:
4122 N. Kingshighway Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 20 Yrs.
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. 4122 N. Kingshighway Blvd.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary E. Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Charles Thomas

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

7. Birth date of deceased July 25, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

93 9 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Joel St. Clair

13. Birthplace Breckinridge County, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Barr

15. Birthplace Breckinridge County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel N. Creecy

(b) Address 4122 N. Kingshighway

17. (a) Removal-Motor (b) Date thereof May 8, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Harpe, Illinois.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 8 1946 (b) J. F. Medick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1946 hour 1:00 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 1 Just 1946 to May 7 1946 that I last saw her alive on May 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death U Remia

Due to Generalized artery sclerosis & nephrosclerosis

Due to.....

Other conditions arteriosclerosis gangrene left foot
(Include pregnancy within 3 months of death)

Major findings: not done

Of operations.....

Of autopsy not done

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J. F. Medick (M. D. or other) MD.

Address 6453 Chippewa Date signed MAY 7, 1946

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

17843

6453
2-4
embalmer

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 Ralph Linders
Licensed Embalmer No. 4275
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.