No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35667

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9201

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:
5226 Conde Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 5326 Conde Street 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ELLA LOUISE THONE

3. (b) If veteran, name war None

3. (c) Social Security No. 492-24-8006

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John J. Thone

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 25, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	7	2	hr. min.

9. Birthplace Warrenton, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred W. Backs 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Timmerberg 0
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John J. Thone

(b) Address 5326 Conde Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock Blv

(b) Address 2117 East Grand Blvd.

19. (a) OCT 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1946 to Oct 27, 1946
that I last saw her alive on Oct 27, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	2 yrs.
Due to	
Due to General Intermediary	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) Name of injury

23. Signature [signature] (M. D. or other)

Address 4114 W Pleasant Date signed 10/28

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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.