

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14453**
Registrar's No. **29**

FILED MAY 8 1947
Registration District No. **273**

Primary Registration District No. **3057**

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 240 W. St. Maries St.
(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

Mary Thomme
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel Thomme 6. (c) Age of husband or wife 84 years
7. Birth date of deceased January 29, 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Ste. Genevieve County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Mertelle 2
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Thomme
(b) Address Perryville, Mo.

17. (a) Buried (b) Date thereof 4-26-47
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation St. Boniface Cemetery

18. (a) Signature of funeral director Ray J. Zoller
(b) Address Perryville, Mo.

19. (a) 4-26-47 (b) Joe J. Zoller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. 240 W. St. Maries St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1947 hour 5:10 minute P.M.
21. I hereby certify that I attended the deceased from June 15 1947 to April 24 1947
that I last saw her alive on April 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due Chronic cordis - varicose
Due to renal disease 5 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15/1A Of autopsy _____
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 5

23. Signature O. Carron (M. D. or other) 5
Address Perryville, Mo. Date signed 4-25-47

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

RECORDED

District Health Officer No. 4
District File Number 247-650
Date Filed 5-7-47

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

Licensed Embalmer No. 4175

P. O. Address Perryville, 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.