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FILED JAN 30 1948

Registration District No..... 318

Primary Registration District No..... 1002

Registrar's No..... 568

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

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..... 16 days  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Kirkwood **96**

(c) City or town..... Kirkwood, Mo **4**  
(If outside city or town limits, write "RURAL")

(d) Street No. .... 2 Norton Place **3**  
W.R. (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **1**

If yes, name country.....

3. (a) PRINT FULL NAME..... Lidia Thomas

3. (b) If veteran, name war..... None

3. (c) Social Security No. .... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 19  
year..... 1948 hour..... 3 minute..... 50 a.m.

4. Sex..... Female 5. Color or race..... Col

6. (a) Single, widowed, married, divorced..... Widow **7**

6. (b) Name of husband or wife..... Dead

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

7. Birth date of deceased..... March 18, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... Jan. 3 19 48 to..... Jan. 19 19 48  
that I last saw her alive on..... Jan. 19 19 48  
and that death occurred on the date and hour stated above.

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

66 10 1 hr. min.

Immediate cause of death..... Carcinoma of left Lung (bronchogenic) with Metastasis **Undet.**  
Duration

9. Birthplace..... Belleville, Ohio.  
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions..... None  
(Include pregnancy within 3 months of death)

10. Usual occupation..... Housework

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy..... No

Underline the cause of which death should be charged statistically.

11. Industry or business..... Home

12. Name..... Andrew Jackson

13. Birthplace..... ? Ohio  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

14. Maiden name..... Lenora Mason

15. Birthplace..... ? Ohio  
(City, town, or county) (State or foreign country)

(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?..... (Specify means of injury) **0**

16. (a) Informant..... Louise Tocus.

(b) Address..... No 2 Norton Pl. Kirkwood, Mo

17. (a) Removal (b) Date thereof..... 1/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Youngstown, Ohio

23. Signature..... James M. Whittier (M. D. or other) **0**

Address..... 2601 N Whittier Date signed..... 1/19/48

18. (a) Signature of funeral director..... C.W. Roberts

(b) Address..... 1416 N. Taylor Ave.

19. (a) JAN 20 1948 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

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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 Fulton E. Culkin.....

Licensed Embalmer No. 4198.....

P. O. Address Adams 13. 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.