No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7257

FILED MAR 8 1948

Registration District No. 3487 Primary Registration District No. 3063 Registrar's No. 537

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6612 Alamo ave
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6612 Alamo 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME CharLotte Marie Thomas
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 9 (Day) 1909 (Year)

8. AGE: Years 38 Months 11 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Assistant Manager
11. Industry or business Coal Exchange
FATHER
12. Name Arthur A. Thomas
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Emily Machh
15. Birthplace Elgin (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Emily Thomas
(b) Address 6612 Alamo ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director A. Kern L & U Co
(b) Address 2707 N. Grand Blv'd
19. (a) 2-26-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1948 hour 9 minute p M.
21. I hereby certify that I attended the deceased from 7-31- 1947 to 2-24- 1948
that I last saw her alive on 2-24- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Breast	3 yrs
Due to	
Due to Gen. Metat.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Prim. Ca Breast	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address 462 N Taylor Date signed 2/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Le 0117

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

MAR 26 1948

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.