

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7329**  
Registrar's No. **594**

National Office of Vital Statistics  
**FILED MAR 8 1948**  
Registration District No. **517**

Primary Registration District No. **2002**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **University City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1351 82nd. Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **University City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1351 82nd. Street**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Anna Thomas**  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced..... **W. 2**  
6. (b) Name of husband or wife **David Thomas** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Oct. 10th., 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 4 23** hr. min.

9. Birthplace **St. Louis Mo. 0**  
(City, town or county) (State or foreign country)  
10. Usual occupation **At Home**

MOTHER FATHER  
11. Industry or business.....  
12. Name **Michael McKernan**  
13. Birthplace **Ireland 4**  
(City, town or county) (State or foreign country)  
14. Maiden name **Catherine Keville**  
15. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James B. Thomas**  
(b) Address **1351 82nd. Street**  
**Burial** (b) Date thereof **3-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Salvory**

18. (a) Signature of funeral director **Arthur J. Donnell**  
(b) Address **3840 Lindell Blvd.**  
19. (a) **3-4-48** (b) **Arthur J. Donnell**  
(Date received local registrar) (Registrar's Signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd.**, year **1948** hour **8** min. **p.** M.

21. I hereby certify that I attended the deceased from **Delaware** **10** to **March 3**, 19**48** and that death occurred on the date and hour stated above.  
that I last saw him alive on **March 3**, 19**48**

Immediate cause of death.....  
**Cerebral hemorrhage**  
**Chronic Myocardial Infarction**  
Due to.....  
Due to..... **93d**

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... **no**

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?.....  
While at work?..... (Specify type of place)  
23. Signature **Arthur J. Donnell** (M. D. or other)  
Address **9570 Delmar** Date signed **3/4/48**

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

STATE OF MICHIGAN  
JAN 10 1948

7310 DELMART BLDG. 1-4 PM.

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 Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.