S. 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 MAR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11139

Registration District No. 317 Primary Registration District No. 4467 Registrar's No. 722

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Village of Twin Oaks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PO Valley Park, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Twin Oaks, Valley Park, Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. 7 Quinette Drive (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edna O. Haymes THOMAS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife O. L. Thomas
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased October (Month) 1 (Day) 1891 (Year)

8. AGE: Years 56 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Alexander Haymes
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Belle Wrinkle
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant O. L. Thomas
(b) Address Valley Park, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 3-18-48 (Date received local registrar) (b) Cecil J. Shapp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1948 hour Eight minute 45 P.M.

21. I hereby certify that I attended the deceased from January, 1947, to March 16, 1948; that I last saw her alive on 3-16-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic carcinoma of lungs, liver, throat.	3-6 Mo.
Due to Primary Carcinoma of Rectum	4 to 5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46d

Major findings:
Of operations
Of autopsy

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) Means of injury

23. Signature J. M. Cottingham (Mo. or other) D.O.
Address Valley Park, Mo Date signed 3-16-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.