FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18081

Primary Registration District No. 1003

Registrar's No. 5094

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: 1622 Carr 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)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1622 Carr Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Buck Thomas
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 10, 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Jackson, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Solomon Yarbo
13. Birthplace Unknown, Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Willis
15. Birthplace London, England (City, town, or county) (State or foreign country)

16. (a) Informant Lila Ann Shelton
(b) Address 1622 Carr Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) JUN 3 1948 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3-3-48 19 48 to 5-30- 19 48 and that death occurred on the date and hour stated above.
that I last saw her alive on 5-29- 19 48

Immediate cause of death: 1. Tumor
Due to: 2. Hypertension heart disease
Due to: 3. Hypertrophic osteoarthritis
Due to: 4. Senile changes
Due to: 5. Senile debility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

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
23. Signature L. L. Winston (M. D. or other)
Address 2743a Franklin Avenue Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John K. Cunningham, Registered Apprentice No. _____, working under my personal supervision.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.