FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21399

Registration District No. FILED JUN 28 1948 318 Primary Registration District No. 1003 Registrar's No. 5553

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3941 Finney Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether Life

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000

(c) City or town Saint Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 11 3941 Finney Avenue 9 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Estelle R. 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 Married

6. (b) Name of husband or wife Clarence Thomas

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 3rd (Day) 1881 (Year)

8. AGE: Years 67 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

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

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

16. (a) Informant Clarence Thomas

(b) Address 3941 Finney Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation GreenWood Cemetery

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 3615-17 Easton Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1948 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 5-6-48, 19..., to 6-16-, 1948 that I last saw her alive on 6-16-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death 1. Hypertensive heart disease

Due to 2. Acute glomerulo nephritis

Due to 3. Cerebral hemorrhage

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 J. F. Winston (M. D. or other)

Address 2743 Franklin Date signed 6-18-48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4641

P. O. Address 2829 Washington

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.