

FILED JUL 6 1948

State File No. _____

Registration District No. 227

Primary Registration District No. 6076

Registrar's No. 1230

1. PLACE OF DEATH: **ST. LOUIS**
 (a) County Affton, Mo.
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9345 Rambler Drive 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 30 years (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME Mary Ann Thompson
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased: Nov. 24, 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 23 hr. min.

9. Birthplace Anderson Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business self
 12. Name James M. Burris
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Theresa Hixens
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Bill
 (b) Address 9345 Rambler Dr.

17. (a) Burial (b) Date thereof 6/19/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Jas. A. Howard
 (b) Address 1619 So. Grand

19. (a) 6-21-48 (b) Paula J. Shapp
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town Affton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9345 Rambler Drive
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 16
 year 1948 hour 11 minute 50 A.M.

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

Immediate cause of death, Cerebral Haemorrhage
 Due to Hypertension
 Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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) (c) Means of injury _____
 23. Signature Thermond R. Sheridan
 Address 2602 So. Grand Blvd Date signed 6-17-48

Duration 10 min
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

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.....

J. W. Wilkinson

Licensed Embalmer No..... *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.