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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38697 9955

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: Firmin Desloge Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County

(c) City or town Edwardsville,
(If outside city or town limits, write "RURAL")

(d) Street No. RR #2
(If rural, give location)

N. R.

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

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH THOMPSON

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late John B.

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

7. Birth date of deceased Nov. (Month) 7 (Day) 1869 (Year)

8. AGE: Years 79 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Thomas Parrish

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward McCuan

(b) Address RR #2 Edwardsville, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 19 48 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 16 1948 (Date received local registrar) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1948 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 8, 1948 to Nov 16, 1948 that I last saw her alive on Nov 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	24 hrs
Due to: Arterio. sclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? ( )

While at work? (Specify type of place) (e) Means of injury

23. Signature Ralph Lunsella (M. D. or other)

Address 3720 Washington Date signed 11/16/48

(Licensed Embalmer's Statement on Reverse Side)

37 VO Washington 2:30 - 5:00
4.15

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address .....

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.