

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42523

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Central Hospital)

Registration District No. 791
Primary Registration District No. 1033

File No.....
Registered No. 12440
St. Ward)

2. FULL NAME

Leona Thomas

(a) Residence, No. 2516 Colman St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 64 Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffeteria
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER 13. NAME R. E. Hammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Nancy J. Vandover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Farris H. Hammer (ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs DATE 12-16-31

19. UNDERTAKER Robert J. ... (ADDRESS) 66 77/8 Clayton Rd.

20. FILED 15 19 31 Registrar W. H. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1931, to Dec. 14, 1931
I last saw h. alive on 12-14, 1931. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart Date of onset 12-14-31

9.5 13 / 2 2 13

Other contributory causes of importance:

Intestinal obstruction from fecal impaction

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. H. ... M. D.

(Address) 3.760 Reidell Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

