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.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Louis. Registration District No. 788 File No. 2957
Township Carter Jeff Primary Registration District No. 4471 Registered No. 16
City Webster Groves. (No. 221 Simmons Av. 2 St. Ward)

96 12 8

2. FULL NAME Louise Catherine Thomas.
(a) Residence, No. O'Fallon Ill St., Ward. O'Fallon, Illinois. 2
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred " yrs. " mos. 14 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26th, 1856

7. AGE: YEARS 80 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 26 20
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caseyville Twp. Illinois. 10

FATHER
13. NAME Karl Huber 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart, Germany.

MOTHER
15. MAIDEN NAME Sophia Krieger.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Germany.

17. INFORMANT (ADDRESS) Mrs Wm Hughes. 221 Simmons, Ave. Webster Grove, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Bellville Ill - Mother Walnut Hill. Cem DATE Feb 2nd, 1867.

19. UNDERTAKER (ADDRESS) Albert H. Hoppe. 429 N. Euclid, Ave.

20. FILED 1-31- 1937 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1937, to Jan. 30, 1937
I last saw her alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/28/34
Other contributory causes of importance:	
Arteriosclerosis	1934

Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? (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
(Signed) H. A. Gardner, M. D.
(Address) 19 E Lockwood

[illegible]