

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

State File No. 30160

939 DEC'D SEP 7 1939

Registration District No. 207

Primary Registration District No. 104

Registrar's No. 1453

1. PLACE OF DEATH:

(a) County St. Louis 2
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 335 Tiffin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 14
year 1939 hour 1 1/2 minute _____ M.

21. I hereby certify that I attended the deceased from
June 10 1939, to August 14 1939,
that I last saw her alive on August 14 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration _____
of breast

3. (a) PRINT FULL NAME Ella E. Thomson 525
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3, 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Arrow Rock, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Hugh B. Thomson 4

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

14. Maiden name Mary E. Smith

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

16. (a) Informant's own signature Mr. F. D. Neavill

(b) Address 330 Tiffin Ave.

17. (a) Burial (b) Date thereof 8-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow, Missouri

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) AUG 15 1939 (b) _____
(Date received local registration) (Registrar's signature)

Due to _____ 50

Due to _____

Other conditions Metastasis
(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) (e) Means of injury _____

23. Signature M. E. Neavill (M. D. or other) _____
Address 644 Quindary Bldg Date signed 8/14/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important!

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 345-4

David P. Gibson

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

David P. Gibson

Licensed Embalmer No. _____

3454

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, above space should be left blank.