DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34541

Registration District No. 791 1003 — Primary Registration District No. — Registrar's No. 9079

NOV 1 2 1939

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5282 Waterman
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ella Thomason 52.5
3. (b) If veteran, name war
3. (c) Social Security No. 488-10-8755
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Roy Thomason
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September (Month) 1st (Day) ? (Year)
8. AGE: Years About 62 Months 1 Days 21 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Dress Maker
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Louise Foley
(b) Address Venice Ill
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-24, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Alexander Vons
(b) Address 6175 Delmar Blvd.
19. (a) OCT 25 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1939 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct 3, 1939 to Oct 22, 1939 that I last saw her alive on October 22, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	3 hours
Due to: Hypertensive Cardio-Vascular Disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NONE
Of autopsy NONE

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

23. Signature [illegible] (M. D. or Coroner)
Address St. Louis Hosp. St. Louis Date signed 10-23-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Elbert E. White, Registered Apprentice No. 209, working under my personal supervision.

Signed J. Wm Binsley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo.

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.