

Registration District No. 1008 Primary Registration District No.

Registrar's No. 9141

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Luthern Hospital

(d) Length of stay: In hospital or institution 12 Days

In this community 15 Years

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis

(d) Street No. 2313 Indiana

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1939 hour 4 minute 08 P.M.

21. I hereby certify that I attended the deceased from 9-16-39
1939 to 10-24 1939

that I last saw him alive on Oct 24 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis
Tuberculous Laryngitis
Due to Tuberculous meningitis

Duration
?
6-mo
2 wks.

Due to _____

Other conditions _____
(Include pregnancy within 8 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? _____

(Specify type of place) _____
(e) Means of injury _____

28. Signature C. T. Bredel (M. D. or other) _____
Address 3115 S. Grand Date signed 10/25/39

3. (a) PRINT FULL NAME Nuble Thomason

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Husband of Fern

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan. 7, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38 9 17 hr. _____ min.

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

10. Usual occupation Chauffeur

11. Industry or business Bakery

12. Name Jefferson D. Thomason

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

14. Maiden name Mary Fresson

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

16. (a) Informant's own signature Fern Thomason

(b) Address 2313 Indiana

17. (a) Removal (b) Date thereof 10-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bertrand, Missouri

18. (a) Signature of funeral director A. W. M. S. Laugh

(b) Address 2301 Lafayette

19. (a) Oct 25 1939 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.