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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23247

FILED AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5599

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3223 Delmar Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 4 months. 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St Louis~~ 000 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 1

(d) Street No. 3223 Delmar Blvd. (If rural, give location) 21

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bessie Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. 489-129150

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased 9/9/1903 (Month) Sept (Day) 9 (Year) 1903

8. AGE: Years 37 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) 1 Miss. (State or foreign country)

10. Usual occupation

11. Industry or business Office Girl.

FATHER
12. Name Henry Little
13. Birthplace Lexington (City, town, or county) 1 Miss. (State or foreign country)

MOTHER
14. Maiden name Alice Travis
15. Birthplace Lexington (City, town, or county) 1 Miss. (State or foreign country)

16. (a) Informant William H. Thomas

(b) Address 3223 Delmar Blvd.

17. (a) Disposal (Burial, cremation, or removal) (b) Date thereof 7-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Miss.

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) JUL 7 1941 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2nd year 1941 hour 2 minute 30a. M.

21. I hereby certify that I attended the deceased from 7-1-, 1941 to 7-2-, 1941 that I last saw her alive on 7-2-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion (Thrombosis) — Duration 6 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 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)

While at work? (e) Means of injury

23. Signature A. E. Hale (M. D. or other)

Address 822 N. Jefferson Date signed 7/4/41.

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. B

....., Registered Apprentice No. Jmy

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.