

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2719 Stoddard Street
(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 600
(c) City or town St. Louis 1721
(If outside city or town limits, write "RURAL")
(d) Street No. 2719 Stoddard 9
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Mae Thomas
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 26
year 1941 hour 8:30 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 22 1941 to Aug 26 1941
that I last saw him or alive on Aug 26 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col
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: June 9 1922
(Month) (Day) (Year)

Immediate cause of death: Pneumonia
Due to _____
Due to _____
Other conditions: Tuberculosis
(Include pregnancy within 3 months of death)
Peritonitis
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
19 2 17 _____ hr. _____ min.

9. Birthplace Judge Hill Ark
(City, town, or county) (State or foreign country)
10. Usual occupation Student

11. Industry or business _____
12. Name Charlie Thomas
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Miller Turner
15. Birthplace Cleatsdale Miss
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Miller Turner
(b) Address 2719 Stoddard St
17. (a) Burial (b) Date thereof 9-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133
AUG 25 1941
19. (a) AUG 25 1941 (b) J. W. Redock
(Date received local registrar) (Registrar's signature)

23. Signature W. O. Mueller (M. D. or other) W. O.
Address 2335 Franklin Date signed 8-27-41

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.