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

FILED APR 14 1943

Registration District No. 0

Primary Registration District No. 3058

Registrar's No. 56

1. PLACE OF DEATH:

(a) County. ST CHARLES
(b) City or town. ST. CHARLES Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1028 Olive 1st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 19 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. ST. CHARLES
(c) City or town. St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1028 Olive St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME THELMA-Roundtree

3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 negro
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. Aug 25th 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 6 19 hr. min.

9. Birthplace St Charles Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business.....

MOTHER FATHER {
12. Name John Roundtree
13. Birthplace St. Charles Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Ella Wells
15. Birthplace Wentzville Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Roundtree
(b) Address 1028 Olive St

17. (a) Burial (b) Date thereof. MAR 21-43
(Burial, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director. ACKINS Brod
(b) Address 3644 Finney Ave

19. (a) 3-18-43 (b) Cleaved G. Uessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16
year 1943 hour 12 minute a.m.

21. I hereby certify that I attended the deceased from Dec 3 1942 to Mar - 16 1943
that I last saw her alive on Mar - 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis T.B.C.

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1361
Of autopsy.....

Duration
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?

While at work?..... (Specify type of place) Means of injury.....
23. Signature Dr. A. Holmes Galt (M. D. or other)
Address 200 N. Main St Date signed 3/16/43

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.....

Rouss V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finley*

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.