

FILED JUL 31 1948

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town RICHMOND HTS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 17 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS  
(c) City or town RICHMOND HTS MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7531 WISE AVE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 61 0 years.

3. (a) PRINT FULL NAME HANORAH M THOMAS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH J THOMAS 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased. MAR 25 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 3 26 6 hr. 10 min.

9. Birthplace COUNTY MAYO IRELAND  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name Wm BRETTE

13. Birthplace COUNTY MAYO IRELAND  
(City, town, or county) (State or foreign country)

14. Maiden name BRIDGET HUNT

15. Birthplace COUNTY MAYO IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Suzanne Thomas

(b) Address 7531 Wise Ave

17. (a) BURIAL (b) Date thereof JULY 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Walter Bourgeois

(b) Address 6536 Clayton Rd

19. (a) JUL 24 1948 (b) C. J. McFarlow  
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1948 hour 6:00 minute 4 A. M.

21. I hereby certify that I attended the deceased from July 16 1948 to July 20 1948  
that I last saw her alive on July 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Neat prostration Duration 5 days

Due to Senility 2400

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 191:2 99

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 129

(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 0

Signature B. Stangher (M. D. or other) M. D.

Address 1139 Bellevue Date signed 7/23/48

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

MOTHER FATHER

306

701

**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.....

*J. Allen Davis Jr*  
4053

Licensed Embalmer No.....

P. O. Address.....

*City*

**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.**