

DEC 22 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town.....
(c) Name of hospital or institution:
3138 Pine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Six Month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County.....
(c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3138 Pine
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mildred Thuman Anderson
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3rd day December
year 1943 hour 3 minute 30 A.M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Anderson 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Sept. 23rd, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/30 1943 to 12/3 1943
that I last saw her alive on 12-3-1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
24 2 10 hr. min.

Immediate cause of death Lobar Pneumonia Duration 6 days

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Domestic

Other conditions (Include pregnancy within 3 months of death) /

11. Industry or business.....

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

12. Name Charlie Thuman

13. Birthplace Clover Hill Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Inela Thuman

15. Birthplace Mound Bayou Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Aula Thuman
(b) Address W. Wood St. Mound Bayou, Miss.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Shipping to Mound Bayou, Miss.

18. (a) Signature of funeral director C. W. Burkes
(b) Address 1641 So. 3rd St.
DEC 7 1943 (c) J. F. Braddock (Registrar's signature)

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.....

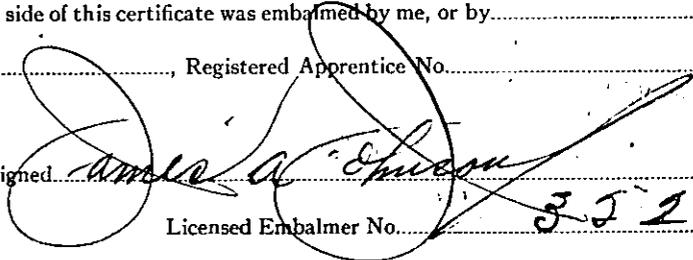
23. Signature Augustine P. Taylor (M.D. number).....
Address 3146a Loc 14 St. L. Date signed 12/6/43

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

MOTHER FATHER

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..... 3522.....

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.