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FILED JUL 15 1944  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **6054**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Firmin Desloge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Thomas, Margaret**  
3. (b) If veteran, name war \_\_\_\_\_ none  
3. (c) Social Security No. \_\_\_\_\_ none

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Charles Thomas** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **February 20, 1881**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>67</b>	<b>63</b>	<b>4</b>	<b>15</b>	hr. _____ min.

9. Birthplace **Cincinnati, Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **Samuel McPeak**  
13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles M. Thomas**  
(b) Address **Hematite, Mo.**  
17. (a) **Burial** (b) Date thereof **7-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hematite, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **JUL 6 1944** (b) **J. F. Bresnahan**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson** **50**  
(c) City or town **Hematite**  
(If outside city or town limits, write "RURAL") **NR**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1944** hour **8:25 p.m.** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **6-22-44**  
\_\_\_\_\_, 19\_\_\_\_, to **7-5-44**, 19\_\_\_\_;  
that I last saw h. **er** alive on **7/5/44**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinomatous Uterus**  
Due to **Carcinoma of Cervix** **2 1/2 yrs**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
**2 1/2 yrs**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations **Carcinoma Cervix**  
**Recto-Vaginal Fistula**  
Of autopsy **none**

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature **John S. Sciortino** (M. D. or other) **MD**  
Address **Firmin Desloge Hosp.** Date signed **7/6/44**

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.....

*Albert G. Hoppe*

Licensed Embalmer No.....

*2971*

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.**