

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11606**
Registrar's No. **2617**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1843 Division
(d) Length of stay: 31 yrs
In this community 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1843 Division
(e) Citizen of foreign country? _____

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

4. Sex F 5. Color or race col
6. (a) Single, widowed, married, divorced maried
6. (b) Name of husband or wife John Thomas
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 2 26 1917

8. AGE: Years 30 Months 0 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Helena Ark

10. Usual occupation House wife

11. Industry or business _____
12. Name John Hill
13. Birthplace unknown
14. Maiden name Rosie Rush
15. Birthplace unknown

16. (a) Informant Lillie Mae Fields
(b) Address 2837 Standard St
17. (a) Buried (b) Date thereof 3-15-47
(c) Place: burial or cremation Green Wood Cemetery

18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) MAR 12 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 10
year 1947 hour 1 minute 47 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Subleural Hemorrhage
due to 1843 Division St at about 10:30 P.M.

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) Accident
(b) Date of occurrence March 9, 1947
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Robert E. Taylor (M. D. or other) 3
Address _____ Date signed 3/12/47

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4321*

P. O. Address. *1154 Boyard av*

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.