

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29579

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8265

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

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 weeks
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI
(b) County ST LOUIS
(c) City or town ROUTE 9 LEMAY Mo
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REBA A. THARP
3. (b) If veteran, name war.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 28
year 1947 hour 1 minute 30 P.M.

4. Sex FEMALE vs. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EARL THARP
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased FEB 23 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 25, 1947 to Aug 28, 1947
that I last saw her alive on Aug 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: generalized carcinoma of Ca of sigmoid
Duration: 6 mo
Due to: Ca of sigmoid 1944

8. AGE: Years Months Days If less than one day
34 6 5 hr. min.
9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation PRESSER

Due to: 46
Other conditions: (Include pregnancy within 3 months of death)
Major findings: - as above
Of operations: -
Of autopsy: -

MOTHER FATHER

11. Industry or business
12. Name JASPER DUNCAN
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN
15. Birthplace Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant EARL THARP
(b) Address ROUTE #9 LEMAY Mo
17. (a) BURIAL (b) Date thereof 8-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS
18. (a) Signature of funeral director Mrs. Kethia Low
(b) AUG 29 1947 2906 Grayson
(c) J. J. Bredeck
(Date received local registrar) (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 0
23. Signature H. J. Bederman (M. D. or other) 0
Address 634 No Grand Date signed 8/29/47

Dr. Goldwasser
710 Theatre Bldg
12 to 3 PM.

APR 16 1945

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..... *Samuel C. Bell*

Licensed Embalmer No. *4347*

P. O. Address. *2906 Grand*

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.