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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33081
Registrar's No. 8778

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gas
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2610 Gamble
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lorenzo Thedford

3. (b) If veteran, name war. 3. (c) Social Security No. 333-03-7354

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beatrice Thedford 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb. 6 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 11 hr. min.

9. Birthplace Enondale, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation General Still & Castings Co.

11. Industry or business

12. Name John Thedford
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Nan Mosby
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Thedford
(b) Address 2610 Gamble St.

17. (a) Removal (b) Date thereof 9 20 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Enondale, Miss.

18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand

19. (a) SEP 18 1947 (b) J. T. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1947 hour 10:00 minute 1 A.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
Coronary Occlusion
Due to 9/4
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

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) Manner of injury 3
23. Signature Dr. Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 9-19-47

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..... *Eugene Miles*.....
Licensed Embalmer No. *3623*.....
P. O. Address. *1221-N. 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.