FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24790

Registrar's No. 6584

WRITE PLAINLY—USING 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: CITY SANITARIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2901 LAFAYETTE (If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELIZ. THOMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife CHARLES

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV (Month) 30 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	63	7	20	hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER

12. Name UNKNOWN

13. Birthplace NEW YORK (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name UNKNOWN

15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant MISS BUREN

(b) Address 2331 MULLANPHY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly

(b) Address 4386 Lindell

19. (a) JUL 26 1948 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 20 day year 1948 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from June 11, 1948, to July 20, 1948; that I last saw her alive on July 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	-1948x
Congestive Heart Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jack R. Nidelman (M. D. or other)

Address 5400 Arsenal St Date signed 7/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W. Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis

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.