

5-
No. 300
10-48

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10725

318

1003

State File No. 2320

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 910-Goodfellow Ave. 1				d. STREET ADDRESS (If rural, give location) 910-Goodfellow				0	
3. NAME OF DECEASED (Type or Print) Laura Brown Thomas			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		(Month) (Day) (Year)		Mar: 13 1949					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 8, 1868		9. AGE (In years last birthday) 80	
								10. UNDER 1 YEAR Months 5	
								11. UNDER 18 HRS. Days 5 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX		11. BIRTHPLACE (State or foreign country) Overland, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Edward Thomas			13b. MOTHER'S MAIDEN NAME Susan C. Moss			14. NAME OF HUSBAND OR WIFE XXXXXXXXXX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nettie E. Thomas			ADDRESS 910-Goodfellow St. Louis Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-2-22						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Oct 1, 1949, to Mar. 13, 1949, that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 8:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M.D.			23b. ADDRESS 4800 Olive St. St. Louis 8 Mo.			23c. DATE SIGNED Mar 14 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-15-49		24c. NAME OF CEMETERY OR CREMATORY Free Free Cemetery		24d. LOCATION (City, town, or county) (State) Pattersonville, Mo.			
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT MAR 14 1949		REGISTRAR'S SIGNATURE J. B. Lassater			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Baumann Bros Inc 2506 Woodward Overland, Mo.				

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

Dr. J. W. Henderli
Fulton Bldg

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Oscar F. Mueller

Signed.....

Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

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.