

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14221

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3678

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4132 W. Penrose</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Five</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4132 W. Penrose</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Thomas</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 22 1949</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>March 3, 1865</u>
<b>9. AGE</b> (In years last birthday) <u>84</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Pacific, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Fred Lero</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Christine Dean</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Tom E. Thomas</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Tom Thomas</u>		<b>ADDRESS</b> <u>4132 W. Penrose</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic Valvular Heart Disease</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Indef.</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>DUE TO (b)</b> <u>Acute myocardial infarction</u> <u>11 days</u>	
<b>DUE TO (c)</b> <u>none.</u>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>none.</u>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none.</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <u>Apr. 11</u> , 19 <u>49</u> , to <u>Apr. 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr. 22</u> , 19 <u>49</u> , and that death occurred at <u>11:20pm.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>R. J. Rigler, M.D.</u>		<b>23b. ADDRESS</b> <u>4158 Newcastle av.</u>	
<b>23c. DATE SIGNED</b> <u>4/23/49.</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>4-26-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Pacific Cemetery.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Pacific, Missouri.</u>
<b>DATE REC'D BY LOCAL</b> <u>APR 25 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Barater</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Math Hermann &amp; Son, Inc.</u>
		<b>ADDRESS</b> <u>2161 E. Fair Ave.</u>	

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Allen W. Hay*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*3737*

P. O. Address.....

*St. Louis, Missouri*

**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.