N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 46376

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Peoples Hospital St. ..... Ward)

File No. ..... Registered No. 12163

2. FULL NAME Arthur Thames

(a) Residence, No. 4389 Cook Ave St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Thames

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14th 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Nov. 17-36

11. Total time (years) spent in this occupation 25Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magee Miss.

FATHER

13. NAME Daniel Thames

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magee Miss.

MOTHER

15. MAIDEN NAME Elizabeth Rankins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magee Miss.

17. INFORMANT (ADDRESS) Oscar Thames 4389 Cook Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec. 11th 36

19. UNDERTAKER (ADDRESS) Chas J Gates 4107 Finney Ave

20. FILED DEC 11 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-36, 19

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1936 to December 8th, 1936

I last saw him alive on December 8th, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Nov. 1936

46E

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 822 A. North Jefferson Ave.,