

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9241

Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City *St. Louis, Missouri*.....(e) Length of residence in city or town where death occurred *Unvariable*.....Registration District No. *791*Primary Registration District No. *1003*(d) Street No. *BARNES HOSPITAL*..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. *2830*2. PRINT FULL NAME *Jack Thomas*(a) Residence, No. *2813 N. Kings Highway*..... St. *6*

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
OR WIFE OF*Willa E. Thomas*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 3, 1893*

7. AGE,

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

45

1

19

OCCUPATION

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

Janitor

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

10. Date deceased last worked at this occupation (month and year) *March 1938*

11. Total time (years) spent in this occupation

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

*Guthrie
Oklahoma*

FATHER

13. NAME *John Thomas*

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

*Nashville
Tennessee*

MOTHER

15. MAIDEN NAME *Mattie Thompson*

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

*Glasgow
Kentucky*

17. INFORMANT (ADDRESS)

*Willa E. Thomas
2813 North Kings Highway*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Washington Park* DATE *Mar. 26, 1938*

19. FUNERAL DIRECTOR (ADDRESS)

*Charles J. Gates
4107 Finney Avenue*

20. FILED

*MAR 25 1938**J. B. Redick
Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-22-38* 1922. I HEREBY CERTIFY, That I attended deceased from *3-11-38*, 19, to *3-22-38*, 19.I last saw him alive on *3-22-38*, 19. Death is saidto have occurred on the date stated above, at *3 P.M.*

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

*Bronchogenic carcinoma
carcinomatous*

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Ray S. Williams*, M. D.(Address) *BARNES HOSPITAL*

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)