

NOV 16 1936

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

34038

Do not use this space.

## 1. PLACE OF DEATH

(a) County Homer Phillips Hosp Registration District No. 791  
(b) Township ..... Primary Registration District No. 1008 Registered No. 9024  
(c) City St. Louis, Mo. (d) Street No. Homer Phillips Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME. Solomon Thomas

(a) Residence, No. 4268 W. Bell St. 11  
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1912

7. AGE YEARS 26 MONTHS 2 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
9. Industry or business in which work was done, as saw mill, bank, etc. Click's L. laundry  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 2 yr.

12. BIRTHPLACE (CITY OR TOWN) Oak Ridge  
(STATE OR COUNTRY) Louisiana

13. NAME William Thomas

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

15. MAIDEN NAME Alice Jenkins

16. BIRTHPLACE (CITY OR TOWN) Oak Ridge  
(STATE OR COUNTRY) Louisiana

17. INFORMANT Leola Thomas  
(ADDRESS) 4268 W. Bell

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Ridge, La. DATE 10/15/38

19. FUNERAL DIRECTOR (NAME) E. L. Garner  
(ADDRESS) 2829 Washington Ave.

20. FILED OCT 17 1938 J. B. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-38

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.  
The principal cause of death and related causes of importance were as follows:

Fracture and Dislocation of Cervical Vertebrae  
Pulmonary tuberculosis  
Other contributory causes of importance:  
Time-Plan, manner, and cause well ascertained.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Open Date of injury 10/9/38, 19.....

Where did injury occur? Pub  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. Pub

Manner of injury .....  
Nature of injury Fracture and Dislocation of Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Time-Plan, manner, and cause well ascertained.

(Signed) Joseph M. ... M.D.  
(Address) ...

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**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, .....

*Isaac Jerome Maulov*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Isaac Jerome Maulov*

Licensed Embalmer, No. *3794*

P. O. Address *2829 Washington*

**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, above space should be left blank.**