

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

67  
Do not use this space.

**1. PLACE OF DEATH**

(a) County 2 Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003 Registered No. 67  
 (c) City ST. LOUIS (d) Street No. 1915 COLEMAN ST. 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** ARTHUR E. THOMAS

(a) Residence, No. 1915 COLEMAN St. 11 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>M.</b>	4. COLOR OR RACE <b>W.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>MARY THOMAS</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>JAN. 24, 1872</b>		
7. AGE <b>66</b>	YEARS <b>11</b>	MONTHS <b>8</b>
DAYS <b>8</b>		If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>GROCER</b>	
	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) <b>DEC. 29, 1938</b>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>OHIO</b>		
FATHER	13. NAME <b>AQUILLA THOMAS</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>OHIO</b>	
MOTHER	15. MAIDEN NAME <b>LIDIA FRED</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>OHIO</b>	
17. INFORMANT (ADDRESS) <u>Mary Thomas</u> <u>1915 Coleman St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MIDDLETOWN, MO.</u> DATE <u>1/5/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>OSCAR J. HOFFMEISTER</u> <u>4016 Chippewa St.</u>		
20. FILED <u>JAN 8 1939</u> <u>J. B. Beckwith</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1938, to Jan. 2 1939

I last saw him alive on Dec. 31 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Valvular heart disease Date of onset

Other contributory causes of importance:  
Arteriosclerosis

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? no  
 If so, specify.....  
 (Signed) Joseph H. Schipf M. D.  
 (Address) 2500 N. Grand Blvd.

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.

**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 .....

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

Signed

*Howard F Rowland*

Licensed Embalmer No. *3114*

P. O. Address

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