REC'D APR 12 1939

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

2 1 791

8219
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1984

(c) City St. Louis (d) Street No. 5893 Etzel 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? ... yrs. mos. ds.

520

2. PRINT FULL NAME WILLIAM FREDERICK THOMAS

(a) Residence, No. 5893 Etzel St. 5
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/18/74

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	3	13	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 12/15/38

11. Total time (years) spent in this occupation 3½ yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio 1

FATHER

13. NAME Conrad Thomas 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Elizabeth (unknown)

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

17. INFORMANT (ADDRESS) Clara E. Thomas 5893 Etzel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE 3/3/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6175 Delmar Blvd

20. FILED MAR 22 1939 19 J. F. Bedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1937, to March 1st, 1939

I last saw him alive on March 1st, 1939. Death is said to have occurred on the date stated above, at 12 50 a.m.

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

	Date of onset
Chronic Myocarditis	1 yr
Chronic Nephritis	1 yr
Uremia	3 days

Other contributory causes of importance:

Chr Hypertension	1 yr

Name of operation — 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? No

If so, specify .....

(Signed) A W Grant 1, M. D.

(Address) 3651 Grandel Sq

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. M. Frank
3651 Grandel Square
JE 4430
Thurs 1 - 2:30 p.m.

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, Jos. E. McCulloh, or by

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

Signed Jos. E. McCulloh

Licensed Embalmer No. 6 2480 m

P. O. Address 6176 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

St Louis Mo.

If this body is not embalmed, above space should be left blank.