

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 791
1000

Primary Registration District No. _____

Registrar's No. 9514

1. PLACE OF DEATH: 1

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer C. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
Unknown (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3212 Chouteau 18
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: 59-0 Soloman Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MALE 5. Color or race CAJ

6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife: Dellie THOMAS

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased: UNKNOWN APT 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

APT-90 hr. min.

9. Birthplace GA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name JOHN THOMAS

13. Birthplace GA
(City, town, or county) (State or foreign country)

14. Maiden name DELLIE SMITH
(City, town, or county) (State or foreign country)

15. Birthplace GA
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: J. F. Budech

(b) Address 3212 Chouteau

17. (a) Remove (b) Date thereof NOV-7-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARIANA A-R-K

18. (a) Signature of funeral director: Metropolitan FUN HOME

(b) Address 228 Dickson St

19. (a) NOV 7 1939 (b) J. F. Budech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 1939 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from 10-24-, 1939, to 11-4-, 1939,
that I last saw him alive on 11-4-, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Ten days
Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N. Whittier Date signed 11-6-1939

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 Arthur P. Herliard

Licensed Embalmer No. 33880

P. O. Address 3028 Dickson St

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.