

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12105

Registration District No. 78

Primary Registration District No. 200

Registrar's No. 520

1. PLACE OF DEATH  
(a) County St. Louis  
(b) City or town St. Louis Pine Lawn  
(c) Name of hospital or institution: 4709 Oakwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community Life  
years, months or days (Specify whether)

8. (a) PRINT FULL NAME John A. Thomas  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Dec. 9, 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Retired

MOTHER FATHER  
12. Name John O. Thomas  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annie Thomas  
(b) Address 4709 Oakwood

17. (a) Burial (b) Date thereof 3/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director C. N. McLaughlin  
(b) Address 2391 Lafayette Ave

19. (a) MAR 15 1940 (b) C. R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4709 Oakwood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ year.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 13  
1940 year hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from MCH 5, 1940 to MCH 13, 1940  
that I last saw him alive on MCH 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDITIS  
Duration ?  
Due to CARDIAC NEPHRITIS

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 131

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? 767

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. R. Meyer (Reg. or other)  
Address 662 1/2 Main Date signed 4/15/40

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.

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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, or by.....

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

Signed Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**