DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26716

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6612

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1821 S. 7th St. 23
(If rural, give location)

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

3. (a) PRINT FULL NAME Gus Thomas 520

3. (b) If veteran, name war nil

3. (c) Social Security No. 494-10-8939

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Thomas

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased June 2, 1900 (Month) (Day) (Year)

8. AGE: Years 40 | Months 1 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Gus Thomas
13. Birthplace (City, town, or county) Albania (State or foreign country)

MOTHER
14. Maiden name Vaseiece (Unknown)
15. Birthplace (City, town, or county) Albania (State or foreign country)

16. (a) Informant Mary Thomas
(b) Address 1821 S. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Am. C. Mayfield
(b) Address 1926 Allen Ave.

19. (a) AUG 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1, year 1940 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from July 31, 1940, to August 1, 1940; that I last saw him alive on August 1, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: hemorrhage into cerebellum	1 day?
Due to: syphilis of cerebrospinal meninges	1 yr?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none performed	
Of autopsy: none performed	

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

23. Signature Edward H. Lynn (M. D. or other)
Address 1515 Lafayette, St. Louis, Mo. Date signed Aug 2, 1940

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1946

DEC 9 1946

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 A. H. Janosky

Licensed Embalmer No. 4149

P. O. Address 1926 Allen

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

If this body is not embalmed, fact should be so stated above.