DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30088

State File No. 30088

Registration District No. 7911 Primary Registration District No. 1003

Registrar's No. 7365

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

1. PLACE OF DEATH:

(a) County St Louis

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 1619 Chestnut (If rural, give location)

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

3. (a) PRINT FULL NAME Clarence Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt 52 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown 9

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

MOTHER 14. Maiden name "

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

16. (a) Informant Homer Phillips Hosp

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director Anthonica Coord

(b) Address W. Richter 3500 Ruston

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 1940 hour 10 17 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull with Subdural Haemorrhage (Duration)

Due to Fractured Distal End of Left Radius suffered

Due to when beat with club

Other conditions hands of one (Include pregnancy within 3 months of death) Sgt Thomas in front

Major findings: Of operations about 10 13 Selby Place about 6 30 P. m. Aug 4 1940

Of autopsy Homicide

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) Homicide

(b) Date of occurrence 8/4/40

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Tuccio (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

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