

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33064

OCT 10 1940  
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1863

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME WILLIAM THOMAS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 7

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced 7  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased ? 2 1915  
 (Month) (Day) (Year)

8. AGE: Years 25 Months ? Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace North Little Rock Ark  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Mr Thomas  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name Mr Thomas  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Thomas  
 (b) Address 307 Hickory St. N. Little Rock Ark  
 17. (a) Removal (b) Date thereof 10-2-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation North Little Rock Ark  
 18. (a) Signature of funeral director AD Richards  
 (b) Address 2625 Glasgow Ave  
 19. (a) OCT - 3 1940 (b) R. Meyer  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Ark (b) County \_\_\_\_\_  
 (c) City or town North Little Rock  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 307 Hickory St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1  
 year 1940 hour 11 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 \_\_\_\_\_ Duration \_\_\_\_\_  
Homicide by trauma of the head by person or persons  
 Due to unknown. 9/25/40

Due to Fracture of the skull

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Sept 25, 1940  
 (c) Where did injury occur? D.K.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Found in Railroad box car

While at work? no (Specify type of place) (e) Means of injury Skull fract  
 23. Signature John G. Quill (M. D. or other) \_\_\_\_\_  
 Address Coroner of St. Louis County Date signed 10/3/40

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.

**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 *W. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

**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.**