No. 2
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X23159

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8607

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2017

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1615 Clara Ave. / (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 Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6 17

(d) Street No. 1615 Clara Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME CHARLES R. THOMAS.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Maty E. Thomas.

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

7. Birth date of deceased February 9, 1849. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	0	21	hr. min.

9. Birthplace Quincy, / Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business (retired)

FATHER
12. Name Joseph W. Thomas.
13. Birthplace Louisville, / Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ann Buskirk.
15. Birthplace Louisville, / Kentucky. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. James W. Thomas.

(b) Address 6526 Curtiss Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1941. (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAR 3 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 20, 1941, to Mar 2, 1941; that I last saw him alive on Mar 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 wk
Due to Chr. Interstitial nephritis	6 mos
Due to Senility	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 4952 Maryland Date signed 8/3/41

(Licensed Embalmer's Statement on Reverse Side)

Dr.S.H.Pranger.
4952 Maryland Ave.
Hours 2 to 6 P.M.
Rosedale 3023

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 David E. Gibson, Registered Apprentice No. 3454 working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Louis

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

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