

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40689  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... **St Louis, MO** (d) Street No. **1452** **O'Fallon Street** Registered No. **10461**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Willie Thomas**

(a) Residence, No. **1452 O'Fallon (C.R.F.)** St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Black** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Hmie Thomas**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-26-1891**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>50</b>	<b>2</b>	<b>27</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greenville, Miss**

FATHER

13. NAME **Ade Thomas**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greenville, Miss**

MOTHER

15. MAIDEN NAME **Jane Egiz**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Greenville, Miss**

17. INFORMANT (ADDRESS) **Amy Thomas 1542 O'Fallon Road**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Bernard's** DATE **12-30-1941**

19. FUNERAL DIRECTOR (ADDRESS) **Thomson & Davis 2734 Shondan ave.**

20. FILED **81 1941 J. F. Brueck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 26, 1941**

22. I HEREBY CERTIFY, That I attended deceased from **NOV. 15<sup>th</sup>** 1941, to **Dec 26, 1941**  
 I last saw him alive on **Dec 26, 1941**. Death is said to have occurred on the date stated above, at **7:30 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**acute myocarditis**  
**118**

Date of onset

Other contributory causes of importance:  
**undigested food - eating sweet potatoes, corned food, drinking of milk**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) **Thomson & Davis**, M. D.  
 (Address) **523 N. 16<sup>th</sup> St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, Chas. L. Howell, Licensed Embalmer No. 2452

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Chas. L. Howell

Licensed Embalmer No. 2452

**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.)**