V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 9428

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35983

Registrar's No. 9949

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: 16 N. 22nd. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 000 12 2 9
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 16 N. 22 St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JAMES THOMAS.
3. (b) If veteran, name war: No.
3. (c) Social Security No.:
4. Sex: M. 2
5. Color or race: C.
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: FREDDIE THOMAS
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Feb. (Month) 4 (Day) 1886 (Year)
8. AGE: Years 56 Months 9 Days 20 If less than one day hr. min.
9. Birthplace: NASHVILLE, (City, town, or county) TENNESSEE (State or foreign country)
10. Usual occupation: LABORER.
11. Industry or business:
FATHER 12. Name: RICHARD THOMAS
FATHER 13. Birthplace: NASHVILLE, (City, town, or county) TENNESSEE (State or foreign country)
MOTHER 14. Maiden name: ALICE GERMAN
MOTHER 15. Birthplace: NASHVILLE, (City, town, or county) TENNESSEE (State or foreign country)
16. (a) Informant: RICHARD C. THOMAS
(b) Address: 941 West CABANNE CT.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood
18. (a) Signature of funeral director: Bennie Lowe
(b) Address: 3103 Washington
19. (a) NOV 30 1942 (Date received local registrar) (b) J. F. Mudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1942 hour 11 minute 20 P.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: Gunshot wounds of right carotid artery, complicated with hemorrhage the hands of one Edward Johnson Colored in Hunter's 2136 W. Pine St. about 11:15 P.M. Nov. 24 1942 — Duration

Due to: ....

Other conditions (Include pregnancy within 3 months of death): NO

Major findings:
Of operations: NO
Of autopsy: NO

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: Nov-24-42
(c) Where did injury occur? (City or town) St Louis (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) Public place
While at work? ..... (e) Means of injury: Gunshot
23. Signature: Alfred Perry (M. D. or other)
Address: Department Date signed 11/27/42

(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 William Claude Gordon

Licensed Embalmer No. 3459

P. O. Address 2831 Paston

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, fact should be so stated above.